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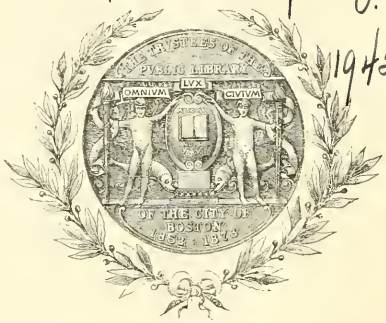

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United States Department of Labor, FRANCES PERKINS, *Secretary*

Children's Bureau, KATHARINE F. LENROOT, *Chief*

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Protection of Children in Danger Zones[1]

By Martha M. Eliot, *M. D.*,[2] *Associate Chief, Children's Bureau, and* Katherine Bain, M. D.,
Director, Division of Research in Child Development

PLANNING for the protection of children from danger coming from outside the borders of a country is a new experience to many countries, particularly in this hemisphere. There have always been dangers within—disease, disaster, accident. But for meeting a physical danger which may come to a large part of our child population from outside, we have no precedent. Measures to meet such danger must be devised without the gradual ripening process which takes place in the usual slow order of progress. Almost overnight we are called upon to have ready facilities, personnel, and administrative machinery to meet situations as yet ill-defined and in all probability even unimagined. It is natural that we turn for guidance to those countries which in the last few years have experienced the effect of total war on the civilian population. From them we can learn some of the preparatory measures which should be taken and also learn to avoid some of the pitfalls.

Experience, however, has shown that warfare in this generation does not follow a set pattern and that the unexpected is to be expected. A specific technique or method which is effective in one country at one time may be inapplicable to another country at a different time. For example, from the experience of Spain it was thought that deep shelters were essential, yet the experience in British cities has been that deep shelters are to be preferred to home shelters only in overcrowded and poorly built areas. Before September 1939 Britain expected that war would bring sporadic and short raids, and its whole system of civil defense was built on this expectation. After France fell and the Nazis obtained bases close to the shores of England, the tempo and character of raids changed. Then shelters intended for use for a few hours only were taxed to the utmost to accommodate many people for long stretches of time. Instead of temporary shelters they became places of abode, necessitating sleeping, eating, and toilet facilities.

Though a pattern of action cannot be taken over in toto from countries which have already experienced bombing, we can all profit by some of the lessons they have learned. The first of these, as evidenced by the British experience, is that all plans should be flexible, for, however carefully they are laid, events will disrupt them. Only by trial and error can plans be made to fit situations as they arise and as they change. The second major lesson which has become clear in reports coming from Great Britain, is that the maintenance of essential services—health, medical care, welfare, education, and recreation—is the first line of civilian defense.

The experience of other countries has shown that though many people leave zones which become dangerous, many others remain, some from choice and some from necessity. The maintenance of the life of a city depends on its civilian population. When mothers and fathers remain, some children will remain also, and it is for their protection that special plans must be made.

It is obvious then that the best preparation for danger is the extension of all the basic services for children. What a child needs in a danger zone is what he needs at any time in order

[1] First part of paper presented at Eighth Pan American Child Congress, Washington, D. C., May 2–9, 1942; to be concluded.

[2] Dr. Eliot is a member of the Joint Committee on Evacuation. Two reports from this committee are being published by the Office of Civilian Defense, Washington, D. C., and will be available for administrative use by State and local officials: Bulletin No. 1, The Civilian Evacuation Program Policies and Principles; Bulletin No. 2, Planning for Evacuation and Reception Care.

to grow and develop, plus some specific protective measures. The remarkable health record of the bombed cities of Britain is undoubtedly due to their extensive health services, built up before the war. Any country, even though remote from the theater of war, will be forearmed if its children receive good medical supervision and care, are well nourished, and are immunized against the common contagious diseases.

Registration and Identification.

Whether children are to stay in a danger zone or to be evacuated, one measure for their protection is registration and identification. It is obvious that if evacuation is contemplated, a register of all children is fundamental in order to determine the magnitude of the problem. It is equally important to know and have a record of the inhabitants of all homes in a danger zone. If a block or an area is destroyed by fire or bombing, it is important to know who lived there and may have been lost. The wearing of identifying data by children will facilitate their return to their families if they become separated from their parents or injured during hostilities, especially if they are too young to supply the information themselves. A variety of means of identification have been devised; a simple and effective one is that used by the Army, which consists of an indestructible tag bearing certain pertinent data—name, address, and number when an appropriate numbering plan has been devised.

Protection in Schools.

As part of the family group the children share in the general measures taken for the whole population, but for a large part of the day the child is outside the family group. Schools, as an important part of the child's life, must continue and, of course, must be made safe. Though the temporary closing of schools while the community adjusts to a new situation may be necessary (this step was taken in London and in Hawaii), it is obvious that if children are to remain in a danger zone, school services must be maintained, and the London experience indicates that it would have been better not to close the schools or to open them immediately after the first move was made.

Detailed rules for the physical protection of children in schools cannot be laid down, for methods of protection depend on the construction and location of the school, extent of danger, and many other factors. Since the greatest number of injuries in a bombing occur to persons on the street, in general it is considered advisable to keep children in school during raids if the building can be made reasonably safe. If the building is old and of poor construction, or close to a military objective, dispersal to nearby shelters or homes may be necessary. Dismissal of children to make their way home alone at the warning of danger is entirely unwarranted. Aside from the very great danger on the streets, the strain and shock to the child must be considered.

In making provision for care of children within the schools, attention should be given to their comfort as well as to their safety. Room to move about and to carry on activities is essential. Many teachers have been ingenious in providing for handwork, games, or group singing while a raid drill was in progress. Though some children were disturbed when air-raid drills were first instituted, especially if they were required to stand in crowded quarters, it has been found that as the children have become familiar with the procedure and as provision has been made for keeping them busy, fears have vanished and children now take a drill as a matter of routine.

For the child in the nursery school or the day nursery additional protective measures are necessary, for he needs more adult assistance. In some instances older boys and girls from the upper grades of the school have helped move the small ones. Additional adult personnel is necessary if small children are cared for in groups in danger zones.

Health Protection.

Medical care and hospital services for children, including beds for those with a communicable disease, should be maintained for children in any danger zone. Probably hospital services should be increased, for illnesses which ordinarily could be cared for at home may require hospital care when homes and utilities are disrupted.

Any public shelter, in addition to offering physical protection from bombing, should offer reasonable provision for comfort and for health protection. Overcrowding and lack of ventilation promote the spread of disease. There should be medical and nursing services available, and provision for obtaining food and for simple preparation for infants' feeding, such as warming bottles.

Importance of Food.

In any danger zone the problem of feeding the population requires special measures. The usual transportation facilities may be needed for military purposes; and as a result food supplies may

become insufficient, or lacking in some elements. Often the women are engaged in defense activities and have not enough time for the preparation of meals. Homeless people have no way of cooking or of caring for food. If children are not to suffer, provision must be made for adequate food supplies, including safe milk and fresh foods, and for cooking and serving. The "wartime restaurant," "community kitchen," and "mobile canteen" have been devised to meet special needs. Workers trained in mass feeding under emergency conditions can adapt their skills to new situations as they arise. This implies storage of appropriate food supplies at strategic centers when needed.

What constitutes a good diet should be common knowledge of all citizens, but especially of those in danger zones. In the presence of shortages, the selection of an adequate diet requires knowledge and skill. A nutrition campaign to teach people food values, to awaken an interest in good nutrition, and to change any ingrained, injurious food habits should be among the early defense measures of a Nation.

Protection of Mental and Emotional Health.

In addition to health protection and protection from bodily harm, provision for the mental and emotional growth and development of children is a part of a total protection program. Persons trained in the care of children should not be diverted to more spectacular pursuits. Schools, nurseries, clubs, recreation groups, as they carry on their usual programs, will be an active force in the prevention of juvenile delinquency. In any danger zone there is an increased tempo of living, a feeling of excitement in the air, which tends to break normal barriers of restraint. Add to this the weakness of family ties due to the absence of the father in military service and to the mother's employment, and it is small wonder that delinquency rates increase in cities under bombing. Because employment possibilities have increased or because homes are destroyed and families scattered, the older child or adolescent is often "on his own" at an early age. Schools, clubs, recreation groups must become a partial substitute for family life and do much to restore a sense of security which the child so sorely needs.

Special Care for Young Children.

For young children special protective measures are needed. Where the employment of women is extensive there should be nurseries for children under school age. Nursery education should be part of the daily program of every nursery of this sort. Health supervision is of paramount importance whenever young children are brought together in groups.

The principle of not separating infants from their mothers should be observed. Group care for children under 2 years of age has so many attendant dangers to health and well-being, that until all other measures are exhausted, it should not be adopted.

Maternity Care.

If protection is to be afforded all infants, it should extend back to the mother, during her pregnancy and in the weeks immediately following delivery. Maternity care in an area under bombing or in imminent danger of attack presents some major difficulties. Physicians and nurses are engaged with the casualties in the general population, or must be held in readiness for this service. Hospitals are full, or reserved for casualties. Transportation is difficult, so that the physician, nurse, or midwife may have difficulty reaching the home, and the home may be destroyed or in imminent danger. If it is possible to remove women from areas of danger to areas of comparative safety for delivery, the strain on the woman and on the medical and nursing personnel will be less than if the delivery must proceed in the midst of disrupted surroundings. Outside London there are now many maternity homes with near-by hostels or boarding homes where women go in the last weeks of pregnancy and where they remain until able to resume their duties. Such maternity homes are conducted under standards established by the Ministry of Health and are strictly supervised.

Role of Volunteers.

To maintain adequate services for the care and protection of women and children in danger zones will tax the professional personnel to the limit. The participation of volunteers only partially trained but acting under supervision will free many highly trained persons for wider fields. The use of volunteers does not mean the lowering of standards, but rather an enrichment of the program and ultimately leads to a wider community response.

Training volunteers for child care is part of the preparation for an emergency. Volunteers should be recruited from among persons able and willing to contribute sufficient hours to make their work effective. If some pay for services rendered is possible, more persons will be able to take training, higher standards of performance can be expected, and continuity of service will be maintained.

A Cooperative Plan for the Obstetric Care of Soldiers' Wives

In a Limited Area in the State of Washington

By Percy F. Guy, M. D.,

Chief, Division of Maternal and Child Hygiene, Washington State Department of Health

In February 1941 a survey of the several military areas in the State of Washington showed that the Fort Lewis area was most acutely in need of aid for maternity cases occurring in the families of soldiers. The "Fort Lewis area" families reside in Pierce County (and the city of Tacoma) to the north, Thurston County (and the city of Olympia) to the south.

It was fortunate that an understanding ear was found at the Fort Lewis Station Hospital. A plan was developed, and within a few months there was an obstetric department at the Fort with a qualified obstetrician in charge. Under the plan prenatal care is given at the Fort by the Army medical service for women living near the Fort and in prenatal clinics for those living in other areas. Local physicians are paid for the medical care of these maternity patients at local hospitals approved by the State Department of Health.

A maternal and child-health committee was requested of each of the two county medical societies (Pierce and Thurston) and subsequently appointed. A $25 fee for medical care during labor and the postpartum period was agreed upon in committee. Twenty-seven physicians in Pierce County and 10 physicians in Thurston County who applied to their respective maternal and child-health committees were appointed by the State health department. The patients select their physicians from this list.

A special all-inclusive rate of $50 for 10 days' care was arranged with hospitals in Tacoma and Olympia.

A qualified obstetrician employed on a part-time basis by the State agency serves as obstetric consultant to the program in Pierce County. A qualified pediatrician serves as pediatric consultant to the program in Pierce County. Sick and premature infants born to mothers enrolled in the program are automatically the responsibility of this consultant.

The wives of soldiers and noncommissioned officers are eligible for service under the program.

Women are enrolled in the program by a medical-social worker who has her office in Tacoma and a branch office in Olympia. Most cases are referred to her from the Fort Lewis obstetric department. She makes a financial appraisal and determines whether the soldier shall participate financially in the program and, if so, to what extent. The balance of the cost is paid by the State Maternal and Child Health Division from funds granted by the Children's Bureau under the provisions of the Social Security Act.

The local health department is notified as soon as a case is referred, and prenatal home-nursing visits are provided. Notice is also given of the day of discharge from the hospital, and no time is lost in starting postpartum home visits.

There is an air base, McChord Field, a few miles from Fort Lewis. Wives of soldiers stationed there are eligible for enrollment in the program. Women resident in Pierce County may receive prenatal care at either of the two county prenatal clinics. In Thurston County, where there are no prenatal clinics, the physician is paid a $10 fee for complete prenatal care.

The case load averaged 10 per month for the first 6 months following the inception of the program on August 1, 1941. It was running more than 30 per month by May 1942.

The plan has developed step by step and before this is published it is likely that the program will have been extended to other areas of the State and medical care and hospitalization made available to all infants under 1 year of age in soldier's families.

The babies born to the mothers cared for under this program are nearly all first babies. Most of the mothers are living among strangers. Most of them feel the effects of the housing shortage in the area.

The handling of miscarriages has not been satisfactorily worked out as yet.

As would be expected, the soldiers and their families like this program. The Army is enthusiastic about it. The program is very welcome to local official and nonofficial agencies aiding soldiers' families directly or indirectly. Many requests have been received from other military areas in the State for expansion of the program. Expansion will occur when and if funds are available.

Medical and Hospital Obstetric and Pediatric Care for Wives and Infants of Men in Military Service

The State and Territorial Health Officers, meeting on March 27, 1942, recommended that State health agencies develop plans to finance from maternal and child-health funds the medical and hospital obstetric and pediatric care needed by the wives and children of men in military service unable to purchase such care.

The Children's Bureau made the following suggestions to assist the State agencies in drafting workable eligibility determinations and authorization procedures, establishing standards of medical and hospital care, and simplifying methods of payment for care:

1. Eligibility.

All expectant mothers in the State, irrespective of legal residence, who state that the father of the expected child is in military service (United States Army or United States Navy, including Marine Corps and Coast Guard) and not a commissioned officer, should be eligible for obstetric medical and hospital services provided under the maternal and child-health program, without cost to the family, whenever to the knowledge of the State health agency such medical and hospital services are not otherwise readily available to the patient. Any child under 1 year of age whose father is in military service, but not a commissioned officer, should be eligible for pediatric medical and hospital care under the maternal and child-health plan. (Note: "Under 1 year of age" is suggested since the funds now available are insufficient to provide care for all children in these families.)

2. Authorization.

[A recommended form, "Application for Authorization for Medical and Hospital Maternity Care," was submitted to the States along with recommendations for simplified authorization procedures.]

3. Standards of Medical Care.

Medical care provided under the plan should be authorized by the State health agency only when the attending physician is licensed to practice in the State and is a graduate of a medical school approved by the Council on Medical Education of the American Medical Association. Prenatal care should be of a quality comparable to that recommended in the Children's Bureau publication, Standards of Prenatal Care. Obstetricians and pediatricians who are certified by the American specialty boards, or whose training and experience meet the requirements of such boards, should be appointed as consultants by the State health departments and, whenever possible, be made available for consultation with the general practitioners participating in the plan.

4. Standards of Hospital Care.

Hospital care should be authorized only in hospitals that either have been approved by the American College of Surgeons or have been inspected and approved by the State health agency as meeting the standards of an obstetric and pediatric service established by the State health agency. A minimum of 10 days' hospital care after delivery should be authorized.

5. Medical and Hospital Care.

Payments should be made to the attending physician by the State health agency upon the receipt of the completed maternity or pediatric record on forms prepared by the State health agency for the use of the attending physicians.

Where the case load is concentrated in certain areas the employment of qualified obstetricians and pediatricians on a full-time or part-time basis would assure high standards of medical care. Payment on a salary basis would eliminate the difficulties of fee schedules.

Hospital care that has been authorized by the State health agency should be paid for at the per diem cost rate of each approved hospital. The per diem cost rate for maternity care should include all costs of care while mother and newborn infant are in the hospital, including delivery room, laboratory services, drugs, and so forth, except the medical services of the attending physician. Pediatric care would also be paid for on a per diem cost basis. Payments should be made to the hospital upon receipt of record showing the date and hour of admission and discharge of each patient for whom care was authorized by the State maternal and child-health director.

* * * * *

Many of the State health agencies are submitting to the Children's Bureau descriptive plans and budgets for the establishment of this type of service under their maternal and child-health programs for the fiscal year beginning July 1, 1942.

Ascertaining Day-Care Needs

By Emma O. Lundberg

Consultant in Social Services for Children
United States Children's Bureau

A plan for a community day-care program should have as its foundation careful study of the present and prospective industrial needs in the community affecting the employment of women, with special reference to the actual need for the work of women who are mothers of young children. Information obtained through a survey should be related specifically to the objective of the community's concern about day care—making it possible for mothers to be employed if their work is essential for war production and safeguarding the health and welfare of their children. Any implications that the survey is a means of recruiting mothers for industry should be guarded against carefully. Provision of day-care facilities, no matter how excellent in quality, will not offset the harm done to children by depriving them of care by their mothers in their own homes. This basic principle of child welfare should guide the plans for the community survey.

A survey of day-care needs must go much deeper than a mere inquiry to the number of children whose mothers are now employed or the probable number of children whose mothers may be working at some time in the future. In some defense areas, where there is clear indication of immediate needs, such general information may provide sufficient basis for establishment of some urgently needed facilities. But a comprehensive community plan for day care must take into account many complex factors such as family situations and the needs of individual children. Children of school age as well as preschool children must be included. Day-care facilities must be so located that they will be available to the mothers who need these services.

In cities and in many nonurban areas certain types of resources are already available, and a fact-finding survey should determine first the extent to which existing resources can be equipped to meet the needs of children of employed mothers. Plans for establishing additional facilities should take into account the more or less temporary nature of some types of need, so that when the war emergency is over the community will not find itself burdened with the support of institutions which served an immediate and urgent purpose but which may no longer be required. A distinction should be made between services of an emergency nature and those which should be provided in the community on a permanent basis. The urgency of certain measures because of war conditions serves to emphasize the neglect in many communities of provision for recreation, kindergarten and nursery-school training, and comprehensive programs of out-of-school activities. On the other hand, group care of children in day-care centers will be needed during the emergency to an extent far beyond the requirement for such provision in normal times.

The fact-finding survey in any locality should be made within a limited period of time so that the information obtained may serve as the basis for definite community planning. The initial survey should not, however, end the inquiry into day-care needs. Study of the situation in the community must continue as long as war production needs require the employment of women with household responsibilities. State and local defense councils or other organizations responsible for community planning must keep informed of changing conditions in industry which may affect the employment of women. Constant vigilance is needed to assure proper day care and to control the growth of commercialized nurseries which will spring up if adequate facilities are not provided by the community. Counseling service which provides information, advice, and assistance to working mothers will be the best barometer of specific day-care needs, and such service should be made available as soon as it becomes evident that employment of mothers may make it necessary to provide for day care of children.

Planning of the survey and interpretation of the findings should be the work of a small group of competent persons. Fact finding requires the services of men and women who have a background of experience in dealing with individuals

and groups and who understand the implications of the study. The quality and adequacy of existing facilities should be evaluated by persons who have expert knowledge of the equipment and standards required for the various types of day-care services.

In addition to summaries of information and compilation of data showing the extent of the need and the types of service required, a concrete picture of the situation may be obtained from spot-maps which show the location of existing resources for the care and supervision of children of preschool age and children of school age and the location of the homes of individual children who need care because of employment of their mothers. Day-care facilities should be so located that they will be readily accessible to the homes of the families needing such service.

Many war production industries draw workers from a large area; this is true of those near large cities as well as those located in small centers of population. Often a considerable number of the workers in an industry live in nearby cities in other States. For this reason it is desirable that the day-care committee of the State defense council or other appropriate agency shall be responsible for coordination of surveys conducted in the various communities of the State and shall establish a method of exchanging information affecting various communities of the State and adjacent States.

General Information Preliminary to the Survey

As a preliminary to the community fact-finding survey it may be desirable to obtain certain general information and concrete illustrations of the need for day care which will serve as a background for the detailed study and will furnish material required to arouse public interest in the problem. Through interviews with persons who come in contact with various phases of the problem a general picture should be obtained of the need for care of children whose mothers are employed, opinions as to steps which should be taken to provide adequate care, and forecasts of future needs. Case stories should be gathered which will show the needs in terms of individual families and children.

There are a number of sources from which such information may be obtained:

1. Men and women who know labor conditions and family and neighborhood problems from the point of approach of the workers themselves.
2. Employers and employment agencies.
3. Heads of family-welfare and child-welfare agencies, and individual staff members who may know the problem of day-care needs.
4. Health agencies, visiting nurses, and others who know the conditions under which families live.
5. School principals or teachers in sections of the city in which working people live.
6. Directors of day nurseries, nursery schools, play groups, recreation centers, and other persons acquainted with present resources and needs for day-care facilities.
7. Heads of settlements or neighborhood houses.
8. Other "key people" who may be conversant with the problem.

The list of persons and agencies to be interviewed should be compiled with the advice and assistance of the central planning group, the council of social agencies, and other appropriate organizations in the community.

Suggested Forms for Fact-Finding Survey

In a large number of communities committees concerned with planning day-care facilities required because of employment of mothers in defense areas have already undertaken more or less comprehensive studies of needs and resources, and in at least two States a central committee has prepared material for the guidance of local communities in making studies of the need for day care.[1] Many of the studies which have been carried on up to this time have been preliminary to more inclusive or more detailed surveys or have covered special phases of the problem.

In response to numerous requests for schedules, the Children's Bureau has prepared a series of forms containing suggested items that appear to be of importance in ascertaining the extent of the need for day care of children of mothers employed in defense industries, the present resources for day care, and the facilities required in the community. The forms will be made available to State or local committees who may wish to utilize these suggestions in planning local surveys. Obviously all communities are not faced with the same situations, and it is necessary to adapt to local conditions not only the methods of making such studies but also to some extent the content of the forms.

[1] The Committee on Health, Welfare, and Recreation of the New Jersey State Defense Council has issued a "Plan for a Community Survey of the Needs for Day Care of Children of Working Mothers," adapted to that State. This material was prepared by the New Jersey Department of Institutions and Agencies, Trenton. The Committee for Child Care, Development, and Protection of the New York State Council of Defense is issuing a bulletin which includes a section on Facts to be Secured in a Community Survey of Need for Day Care. This bulletin was prepared jointly by the State departments of education, health, labor, mental hygiene, and social welfare.

Although a survey in a small city or a nonurban area would differ in many respects from a study of the situation in a large city in which there are many existing or potential resources for day care, the same general principles apply to all types of areas. Specific information should be obtained in regard to children, whether of preschool age or of school age, who may require the various kinds of services, and plans for providing the services needed should not be circumscribed by the resources which are now available or which may appear to be readily attainable in the particular community. No single type of care will meet the needs of all children in any area.

The following forms are suggested for a comprehensive community survey of day-care needs and resources:

Form 1. Schedule for obtaining information on present and prospective employment of women; employment policies.

Basic industrial information should preferably be obtained by the State defense council, the State welfare department, or other appropriate State agency and furnished by it to the local community or communities affected.

Information might be obtained from the following:
- United States Employment Service—State and local offices.
- War Manpower Commission—regional offices.
- State and local defense councils.
- Industrial plants.
- Training classes for war production workers.
- Housing authorities.
- Labor organizations.
- Other State or local sources of information regarding employment in war production industries and in other occupations.

Form 2. Questionnaire for employed mothers of young children and mothers who expect to be employed.

In preparation for distribution of the questionnaires there should be widespread publicity to acquaint parents with the purpose of the inquiry.

This questionnaire should include information to be obtained from employed women who are mothers of children under 16 years of age and from mothers who expect to be employed in defense industries or in other essential occupations. The questions should be stated in as simple form as possible.

The questionnaires should be distributed and collected through the day-care survey committee and should be filled out by the women themselves.

The information obtained should be analyzed not only from the point of view of data showing the extent of the need for day care, but primarily for the purpose of determining desirable locations of day-care centers, the practicability of foster-family day care and service in the home, and the need for facilities for before-and-after-school care by public and parochial schools, recreation centers, neighborhood houses, day camps, and other possible sources of such care outside of regular school hours and during vacations.

Five sources of information are suggested:

(*a*) Industrial plants and other establishments where women are employed. The questionnaires should be distributed to employed women by representatives of the fact-finding organization and returned in sealed envelopes. It is desirable to avoid any implication that the information given will affect their employment.

(*b*) Training classes for war production workers.

(*c*) Trade unions and other organizations of workers.

(*d*) Schools, including nursery schools, play schools, kindergartens, grade schools, junior high schools, high schools, and vocational schools. The questionnaires should be given to the children to be taken home and filled out by the parents and returned to the teachers.

(*e*) Housing developments, especially those in industrial areas.

The items included in Form 2 might be utilized also by day nurseries, nursery schools, play centers, family and child-welfare agencies, neighborhood houses, and other organizations receiving applications for day care or inquiries in regard to resources. It might also be used for entering factual data by persons who interview mothers in the office of the counseling service or in agencies giving such service. Collection of information from these sources should continue after the completion of the community survey, in order that current information may be obtained throughout the continuance of special need for day care.

Forms 3–8. A series of schedules for obtaining information regarding existing resources for day care and supervision of preschool and school-age children, the practicability of expanding these resources.

These schedules should provide also for obtaining information in regard to the practicability of developing various types of services needed for the care and supervision of children:

3. Resources for group care of young children.
4. Day care in foster-family homes.
5. Trained service for care of children in their own homes.
6. Directed activities for school children—public and parochial schools.
7. Directed activities for school children—other than in schools.
8. Counseling service.

In areas where there are a number of day nurseries, nursery schools, and other centers providing various types of foster day care and activities for school-age children it may be desirable to obtain specific data from these agencies through the use of a questionnaire to be filled out by them which includes the factual items on these schedules. Evaluation of the quality and adequacy of service should be made only by persons whose experience equips them to make such studies.

State and Local Committees Planning Day-Care Programs

Late in May 1942 the Children's Bureau asked the State welfare departments for information regarding progress in State and local planning for day care of children whose mothers are employed in defense areas. By the middle of June replies had been received from 42 States and from Alaska, Hawaii, and Puerto Rico. The following summary indicates that definite steps have been taken to deal with the problem constructively in many States and in a large

number of local communities where war industries have created a definite need for day-care facilities or where such need is anticipated in the near future.

State advisory committees on day care have been organized in 19 States and Hawaii, and there appears to be immediate prospect of advisory committees in 6 States—a total of 25 States.

In 10 of the 19 States the committee concerned with day care is a subcommittee of the State defense council. It is probable that this plan will be followed in most of the States now considering organization of committees.

The advisory committee on day care was appointed by the State welfare department in 8 of the 18 States, and in 1 State by joint action of the welfare department and the education department. At least three of these committees are closely related to the State defense council.

The day-care groups that are subcommittees of the State defense council include in their membership representatives of the State departments of welfare, education, and health in all cases and the department of labor in some cases. Usually there are additional members representing voluntary activities concerned with child welfare. Five of the committees formed by the State welfare department are similarly representative of official and citizen interests.

The 42 States from which reports were received listed a total of nearly 300 areas (usually cities or counties) in which war production has created special need for day care of children of employed mothers.

The reports showed that 28 of the State welfare departments from which information was obtained are assisting local communities in studying the day-care needs and planning activities. A special worker has been added to the welfare department staff in 6 of these States, and in 7 States the department is definitely planning to assign a full-time worker to the day-care problems. In all the foregoing States and in 15 additional States various members of the staff of the welfare department, particularly child-welfare-service regional consultants or supervisors, are devoting considerable time to helping localities organize day-care programs.

A total of 81 local areas have organized special day-care committees; 38 of these committees are definitely related to the local defense councils. In 28 areas the need for community provision for day care is under discussion by organizations other than special day-care committees.

Studies of the need for day care have been completed or are under way in 119 communities, and 9 communities are planning such studies.

The reports indicated that at least 44 communities have taken some steps to make counseling service available to employed mothers. In most instances this service is still at an experimental stage, but some of the reports stated that plans were being made to provide centralized service for mothers who need advice in regard to employment or assistance in arranging for the care of their children.

E. O. L.

Servicemen's Dependents Allowance Act of 1942

77th Congress, Public Law 625

On November 1, 1942, the children of servicemen will become entitled to allowances, paid jointly through contributions from the Federal Government and through deductions from their father's salary. Under the Servicemen's Dependents Allowance Act of 1942, approved June 24, family allowances are payable for any period that the men were in the service, on or after June 1, 1942. No payments will be made until after November 1, 1942, but at that time sums that have accrued between June 1 and November 1 will also be payable. The act applies to dependents of men in the four lowest grades—private, private first class, corporal, and line sergeant in the Army; nonrated men and third-class petty officers in the Navy, Marine Corps, and Coast Guard.

The allowance is $62 a month if there is a wife and one child and $10 for each additional child; if there is no wife, the allowance is $42 for one child, and $10 for each additional child. Additional but smaller allowances are authorized for dependent grandchildren, brothers, and sisters. Wives and parents are also provided for.

The terms child, grandchild, brother, and sister, are limited to unmarried persons who are under 18 years of age and to those of any age who are incapable of self-support because of mental or physical defects. The definition of child includes a legitimate child; an adopted child; a step-child; and an illegitimate child in cases in which the father has acknowledged the

child, or in cases in which the man has been ordered by the court to support the child or decreed by a court to be the father of the child.

The act is to be administered by the Secretary of War in its application to men in the Army and by the Secretary of the Navy in its application to men in the Navy, Marine Corps, and Coast Guard.

Recent Children's Bureau Publications

Children's Bureau Commission on Children in Wartime

A report of the first meeting of the Children's Bureau Commission on Children in Wartime, March 16–18, 1942, has been issued by the Children's Bureau in mimeographed form (Washington, April 1942, 122 pp.) and single copies are available for limited distribution.

The organization and membership of the Commission, the action recommended by the Commission, addresses given at the meetings, factual material submitted to the Commission and summaries of the discussion are contained in this report. The factual material covers a wide variety of subjects—psychological disturbances in children, economic security for children in wartime. child labor in wartime, principles on use and protection of young workers in wartime, civil protection of children, needs of children in defense areas, maternal and child health in wartime, social services for children in wartime, role of State schools for girls in a community program for social protection, and day care for children of working mothers in defense areas.

Day Care Standards

The report of the Subcommittee on Standards and Services for Day Care authorized by the Children's Bureau Conference on Day Care of Children of Working Mothers, held July 31 and August 1, 1941, has been issued by the Children's Bureau under the title, "Standards for Day Care of Children of Working Mothers" (Children in Wartime No. 3, Bureau Publication No. 284, Washington, 1942, 20 pp.). The committee believes that the standards here set forth not only are desirable standards for day care of children, whether public or private, free or pay, all-day or part-day, under home, school, public-health or social-service auspices, but are also possible standards for the services that should be set up in defense areas.

New Poster Series

A series of 17 posters under the general title, "Better Care for Mother and Child," has been issued by the Children's Bureau. The posters are based on Bureau Publication 278 of the same name and are in the form of pictographs. They are in black and white and measure 22 by 10½ inches each. Agencies and organizations engaging in or administering health services for mothers and infants can obtain this set of posters without charge by writing to the Children's Bureau; others may purchase the posters at 5 cents each (85 cents per set) from the Superintendent of Documents, Government Printing Office, Washington, D. C.

BOOK NOTES

Effect of War Conditions on Children and Adolescents in the City of Hartford, Conn. Report of a survey by Helen D. Pigeon. Connecticut Child Welfare Association, 85 Whitney Avenue, New Haven, Conn. 40 pp. Processed. In Hartford, a war production area, the need is shown for a comprehensive program of day care for children, protective police services, and increased activity on the part of public and private agencies supplying protective measures, treatment facilities, and recreational opportunities.

Let's Make a Study. Community Chests and Councils, 155 East Forty-fourth Street, New York. 1942. I, The use of research by community chests and councils of social agencies in planning the community program of welfare, health, and recreation service (Bulletin 114–A, 53 pp.). II, Statistical Aids (Bulletin 114–B, 48 pp.).

A Guide for Wartime Planning for Children, by Marshall Field. National Citizens Committee, White House Conference on Children in a Democracy, 122 East Twenty-second Street, New York. 14 pp. This is an address delivered at the Colorado White House Conference on Children in a Democracy, March 19, 1942.

Wartime Increase in Child Labor and Youth Employment

Prepared by Industrial Division, Children's Bureau

Child labor is increasing — on every hand there is proof of a growing pressure for the use of children in industry, in trade, in service work, in agriculture, and in the many miscellaneous occupations which are being vacated by older youth who are finding opportunities for more desirable jobs. Employers whose long-time policy has been to use no workers under 18 years of age have lowered their limits to 17 or to 16 years. Inevitably, at the same time, boys and girls of 14 and 15 years, and even younger, are obtaining jobs—some in violation of the laws which have been passed to protect them from premature and undesirable employment.

The employment of children and youth has been rising steadily since 1939, though that year showed a decrease from each of the 2 previous years. It has risen most sharply in the past 2 years. In States where comparable legal restrictions existed during 1941 and 1940, the number of certificates issued for children 14 and 15 years of age, permitting them to leave school for work, increased 80 percent in 1941 as compared with 1940. The number of certificates issued for children going to work outside school hours or during vacation increased 75 percent. These numbers have continued to mount in 1942. In the first 3 months of this year nearly 50 percent more children of 14 and 15 years obtained certificates for work, either full time or outside school hours, than in the first 3 months of 1941.

For youths of 16 and 17 these increases have been even greater. In 1941 the number of 16- and 17-year-old youth certificated for employment was more than 100 percent larger than in 1940. In the first 3 months of 1942 the number increased 100 percent over the corresponding period in 1940—in round numbers, 80,000 compared with 40,000.

Figures of the United States Employment Service show the same trend both for 14- and 15-year-old and for 16- and 17-year-old boys and girls. In 1941 public employment offices throughout the country placed 76 percent more children under 16 than in 1940, and 85 percent more boys and girls of 16 and 17 years. At the beginning of 1942 a change was made in the reporting system, so that the figures for 1942 are not directly comparable with those for previous years.[1] However, rough comparisons are possible, which indicate a gain of at least 80 percent in placements of children under 16 during the first 3 months of 1942 as compared with the same period in 1941, and a corresponding increase of at least 60 percent in placements of 16- and 17-year-old minors.

This picture of increase in child labor and youth employment as shown by placement and employment-certificate figures, startling as it is, is far from a complete view of the facts. Employment certificates are not required for all types of work or for all boys and girls under 18 years of age going to work. Many children are finding jobs through their own efforts or through friends, and not through placement officers.

Moreover, by their very nature, these reports do not take into account illegal employment. This is a significant lack because, with the sharp rise in employment of young workers that places a further burden on already overburdened labor-law enforcement officials, there has come a rise in violations of both State and Federal child-labor laws. State labor officials in many parts of the country are reporting an increased tendency to violation of State child-labor standards and need for greater and greater vigilance to maintain legal safeguards for young workers.

Reports of the Children's Bureau of the United States Department of Labor, the Federal agency having the responsibility for administration of the child-labor provisions of the Fair

[1] Placement statistics after January 1, 1942, exclude agricultural placements, which were included prior to that date, and include so-called supplementary placements, in which the Employment Service takes only part of the steps necessary to a complete placement, which were previously excluded. As there are few of these latter placements in nonagricultural industries, it is safe to assume that the increase was at least as great as shown by a comparison of the statistics for the 2 years and may have been considerably greater.

Labor Standards Act of 1938,[2] show a decided increase in the extent of illegal employment under the Federal act. In the year ended June 30, 1941, when the shift of adult labor to intensified production of war materials had already opened up many new employment opportunities for youth, approximately one-third more minors were found to be employed contrary to the child-labor provisions of the act than in the previous year. In the 10-month period from July 1, 1941, to April 30, 1942, according to preliminary figures, more than 100 percent more minors were found employed contrary to these standards than in the corresponding 10-month period of the previous year. Not only were more children found to be illegally employed in this latter period, but the number of establishments found with minors of the oppressive child-labor age employed also increased more than 100 percent.

[2] These standards set for establishments shipping goods in interstate commerce a 16-year minimum age for general employment with limited exemptions for minors of 14 and 15 years in nonmanufacturing and nonmining occupations under conditions determined by the Children's Bureau not to interfere with school, health, or well-being; in addition, minors 16 and 17 years of age may not be employed in occupations found by the Chief of the Children's Bureau to be particularly hazardous or detrimental to their health or well-being. The following are exempted: Children under 16 employed by their parents in nonmanufacturing and nonmining occupations, children in agriculture during periods when they are not legally required to attend school, and child actors.

BOOK NOTES

BARRIERS TO YOUTH EMPLOYMENT, by Paul. T. David. American Council on Education, Washington, 1942. 110 pp. The purpose of this book is to assess the importance of certain institutional factors operating as barriers to the employment of youth and to consider the extent to which existing policies and practices should be revised to facilitate youth employment, both now and in future times of peace.

CHILD WORKERS IN WARTIME, by Gertrude Folks Zimand. National Child Labor Committee, 419 Fourth Avenue, New York. 1942. 23 pp. Single copies, 10 cents; 100 copies, $7.50. Among the subjects discussed are the increase in child employment, legal and illegal; the exodus of boys and girls from high schools for jobs; proposals to lower legislative standards; and projects for recruiting young people for agricultural work.

• *INTER-AMERICAN COOPERATION* •

New Social Insurance Law in Costa Rica

Costa Rica is the latest addition to the growing ranks of American countries that have adopted systems of social insurance. A law of 1941, in operation since January 1942, requires insurance against the risks of illness, maternity, invalidity, old age, and death.

All workers under 60 years of age, whether in private or public service, in manual or mental work, whose annual income is below a specified amount, must be insured. This applies also to apprentices, industrial home workers, domestic servants, and persons working independently on their own account, such as small-scale manufacturers, merchants, artisans, and farmers, provided that they themselves work and employ not more than two persons.

The insured worker, his employer, and the State contribute specified amounts to the social-insurance fund of Costa Rica. In return the insured workers receive cash benefits and medical care in case of illness or childbirth and pensions in case of invalidity or upon reaching the age of 60 years. Payments are also to be made to the dependent survivors of insured persons or of pensioners.

In its application to mothers and children the law provides medical assistance and medicines, including serums and vaccines for the insured man's wife and his children under 7. This assistance may be extended to children between 7 and 14 years, and dental treatments may be added, on the decision of the governing board of the social-insurance fund of Costa Rica.

Insured women receive in case of illness cash benefits of 40 to 50 percent of their wages or salary, medical care, and medicines. Expectant mothers must ask for medical examination at least 4 months before the expected date of confinement and from that time must present themselves regularly for examination and follow the physician's instructions. Medical care and medicines are provided during pregnancy and afterward, and obstetric attendance either in the woman's home or in a hospital.

Cash payments of 50 percent of the insured woman's wages or salary are made for 72 days including the time before and after childbirth, provided the woman refrains from paid work during that time. Milk is supplied without additional charge for the babies of women who are unable to nurse them. All benefits are paid irrespective of the legitimacy or illegitimacy of the child's birth, but on condition that the woman attend regularly a prenatal and postnatal clinic and a child-health center, as prescribed by the regulations of the social insurance fund and that she follow the physician's instructions. The fund is authorized by law to extend obstetric care to the wives of insured men.

Like the social-insurance law of Chile, that of Costa Rica prescribes a preventive medical service with regular compulsory examinations of the insured persons in order to discover latent disease; persons with venereal diseases or tuberculosis are required to undergo treatment. Those who in the course of an examination are found to be in need of a rest without being ill will be subject to the same rules as ill persons, that is, they will receive medical treatment if necessary and 40 to 50 percent of their wages if they stop working.

The social insurance fund will employ social workers for visiting the homes. Inspectors will be employed by the fund for enforcing the law.

Reserve funds are to be invested in the construction and equipment of maternity homes, sanatariums, clinics, health centers, and houses for workers; they are also to be used for disease prevention and other social-welfare work.

Su Seguridad, Organo Oficial de la Caja Costarricense de Seguro Social, San José de Costa Rica, Nos. 1 and 2, 1942.

Instruction in Child Care in Peru

By an order of the President of Peru of December 1, 1941, the National Bureau of Public Health was authorized to establish a Center of Mothers' Education (Centro de Educación Maternal) where mothers will be taught hygiene and where the health of well children will be supervised, and measures will be taken for the prevention of communicable diseases among children. This center is to be a part of the National Institute of the Child (Instituto Nacional del Niño), official national agency in charge of health work for mothers and children.

A definite sum was assigned out of available funds for the installation of the center; and the Minister of Public Health, Labor, and Social Welfare was ordered to include in the budget of the National Institute of the Child for 1942 an appropriation for the functioning of the Center of Mothers' Education.

On December 6, 1941, the President of Peru ordered that instruction in child care be added to the curriculum of the teacher-training schools for girls, so as to enable the girls to teach this subject.

A recommendation was also made to the Bureau of Physical Education and School Hygiene to organize extension courses on this subject, for the same purpose, for women teachers in secondary schools and high schools, whether public or private.

Boletín del Instituto Nacional del Niño, October December 1941, pp. 4–5.

Mother's and Child's Week in Mexico

For the purpose of arousing in the people a greater interest in child health and in the reduction of infant deaths, Mother's and Child's Week was celebrated, May 4–10, 1942, throughout Mexico, on the initiative of the Federal Department of Health.

In Mexico City lectures and brief talks on maternal and child health with demonstrations were given every day in all clinics, health centers, mothers' clubs, and many business and industrial establishments. Special lectures were given on tuberculosis among children. Information on maternal and child health was also given during the week over the radio and through the press. Various celebrations were held in the kindergartens and schools. All Government departments and many private organizations cooperated in this work.

Immunization treatments against smallpox, diphtheria, and typhoid were given to all persons asking for them, and Wassermann tests were given to expectant mothers.

As a part of the celebration the National Museum of Hygiene was established by the Federal Bureau of Health Education (Dirección General de Educación Higienica). Lectures on health were given at the museum by physicians every day during the celebration.

—El Popular, Mexico, May 5–9, 1942.

• EVENTS OF CURRENT INTEREST •

New Education Fellowship Adopts Statement on Child Rights

At the interallied conference of the New Education Fellowship, which met in London April 11 and 12, 1942, a charter for children was adopted as a statement of the basic and minimum rights of children. This statement places "above and beyond all considerations of sex, race, nationality, creed, or social position" the following rights of children:

1. The personality of the child is sacred; and the needs of the child must be the foundation of any good educational system.
2. The right of every child to proper food, clothing, and shelter shall be accepted as a first charge on the resources of the nation.
3. For every child there shall always be available medical attention and treatment.
4. All children shall have equal opportunity of access to the nation's store of knowledge and wisdom.
5. There shall be full-time schooling for every child.
6. Religious training should be available for all children.

Copies of the statement were sent to the Governments of the United Nations and to educational associations. A reasoned statement on the detailed points of administration was to be drawn up by the drafting committee of the conference.

—*Times Educational Supplement*, London, April 8, 1942, p. 186.

Blue Ridge Institute

Social Breakdown in Time of War is the general theme of the Blue Ridge Institute for Southern Social Work Executives, July 27–31 at Black Mountain, N. C. The institute is held by Community Chests and Councils (155 East Forty-fourth Street, New York).

CONFERENCE CALENDAR

Aug. 17–21	National Medical Association. Forty-eighth annual session, Cleveland. Permanent headquarters: 4655 South Michigan Avenue, Chicago.
Aug. 24–28	American Dental Association. Eighty-fourth annual session, Boston. Permanent headquarters: 212 East Superior Street, Chicago.
Sept. 28–Oct. 2	National Recreation Association. Twenty-seventh National Recreation Congress, Cincinnati. Permanent headquarters: 315 Fourth Avenue, New York.
Oct. 5–9	National Safety Council. Thirty-first National Safety Congress, Chicago. Permanent headquarters: 20 North Wacker Drive, Chicago.
Oct. 12–16	American Hospital Association, St. Louis. Permanent headquarters: 18 East Division Street, Chicago.
Oct. 27–30	American Public Health Association. Seventy-first annual meeting, St. Louis. Permanent headquarters: 1790 Broadway, New York.

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

AUG 25 1942

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UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

• *YOUNG WORKERS IN WARTIME* •

Safeguarding Young Workers in Wartime Agriculture

Report of Conference on Supervision and Employment Conditions for Young Workers in Wartime Agriculture, June 18–19, 1942

NOTE.—In view of the development of various projects for young people to live and work in groups as one means of helping to meet farm labor shortages due to war conditions, a conference on supervision and employment conditions for young workers in wartime agriculture was called by the Children's Bureau on June 18–19, 1942. The conference was made up of representatives of agencies, government and private, interested in agricultural production and in the employment conditions and education of young people, and of representatives of youth-serving agencies with experience in conducting educational and recreational activities for young people of high-school age.

The conclusions of the conference are presented in the following statement, which represents the contribution of agencies experienced in work with groups of young people as well as of those familiar with employment needs and problems. It was prepared by the conference as its statement of standards for the recruitment, placement, and supervision of youth under 18 years of age as an emergency farm-labor force during the war. It is directed especially toward those who work or live in groups.

The conference developed this statement with the idea that it world be used in conjuction with Policies on Recruitment of Young Workers for Wartime Agriculture, prepared in cooperation with the United States Office of Education, the United States Department of Agriculture, and the United States Employment Service and issued by the Children's Bureau in March 1942.

SUMMARY OF PRINCIPLES ACCEPTED

The present widespread use of nonfarm youth as emergency workers in wartime agriculture makes advisable the establishment of certain basic principles and standards for their employment. Such principles and standards are necessary to insure that these young workers will be adequately safeguarded and at the same time make the most efficient contribution possible to production. They are especially important also because of the existence of long-recognized child-labor abuses in some types of agricultural work.

Community programs for the recruitment and employment of young persons under 18 years of age in agriculture should be undertaken only to fill definite and known needs and only when experienced workers of proper age and capacity are not available. Such programs should include:

(1) Acceptance by *State and local committees*, representing public and private agencies interested in youth and in farm production, of responsibility for developing programs and carrying out standards for the protection of young workers. Executive authority should be delegated to designated agencies or persons, with the assistance of qualified staff.

(2) *Age limitations* as follows: A minimum of 14 years for hired farm labor; 16 years if the worker is placed to live away from his family.

(3) *Protection of educational opportunity* for youth attending school by (*a*) employing pupils of 16 and 17 years during school hours, only if no older workers are available; (*b*) limiting employment of pupils 14 and 15 years to work during vacation or outside school hours, with no release from school or modification of school programs unless the need can be met in no other practicable way.

(4) *Precautionary measures before placement*, particularly for those who will live away from their families: Written parental consent, documentary evidence of age, physical examination, and appropriate immunizations.

(5) *Measures to promote morale and general welfare:* (*a*) Suitable placement of individuals selected; (*b*) preparation for work; (*c*) adequate supervision of the young persons while at work and, where they are living away from their families, supervision of camp life or other living arrangements, and provision for recreational activities and community relationships, including church contacts.

(6) *Protection of health and safety* by (*a*) adequate sanitary facilities; (b) good living conditions and adequate diet for workers placed in camps or farm homes; (*c*) availability of medical and hospital services; (*d*) protection against accidents; (*e*) payment of expenses in case of injury; (*f*) safe transportation to and from work.

(7) *Good working conditions*, including: (*a*) Wages not less than those paid to older workers for comparable work; (*b*) hours for minors under 18 not more than 8 a day (6-hour day is desirable for children of 14 and 15), and not more than 6 days a week (except for morning and evening chores on the seventh day by young persons doing work of a general farm hand); (*c*) provision for rest and lunch periods; (*d*) work at a distance from home or living quarters that will require absence for work of not more than 10 hours daily.

(8) *Full compliance with State and Federal child-labor laws and State compulsory school-attendance laws*, as well as with the statement, Policies on Recruitment of Young Workers for Wartime Agriculture, prepared by the Children's Bureau of the United States Department of Labor, and approved by the United States Office of Education, the United States Department of Agriculture, and the United States Employment Service.

Protection of Young Workers in Wartime Agriculture Is Needed

As this year's crops mature, many school youth not previously employed in agriculture are being called upon to serve as emergency workers on farms. The demand for these young workers is based upon the need for increasing farm production in wartime as well as the need for obtaining supplementary labor to take the place of workers going into the armed forces and into war industries, and of those in certain areas unable to leave for farm work elsewhere because of transportation difficulties.

The work for which young people are being recruited is of two main types. The more important type, in terms of the number of workers employed, is the seasonal harvesting of fruits, vegetables, and other crops, which requires large groups of workers over a short period and to a limited extent may necessitate the bringing together of workers to live in camps. The other main type is general farm work, which often requires that young workers live on individual farms.

Although the actual need for young workers in agriculture is not widespread at present, it is likely to increase as the war continues and existing labor reserves diminish. For youth who are to be employed on farms the safeguarding of their working and living conditions is essential both for full production and for the well-being of the young people concerned. Such safeguards are especially important because of the existence of long-recognized child-labor abuses in some types of agricultural work, where very young children as well as older youth have been employed at the expense of their education, health, and welfare. Such conditions are detrimental to the development of sound manpower and should be eliminated. Every effort should be made to prevent comparable abuses from occurring in any employment of young people recruited to meet new wartime needs.

Plans for the wise use of young workers between 14 and 18 years of age to meet emergencies in wartime agriculture must be based on consideration of all available sources of labor. Young persons of these ages should not be asked to take farm jobs until it is clearly demonstrated that experienced workers of proper age and capacity who depend upon agricultural labor for a livelihood have been fully utilized. (See also section on *Recruitment and Placement.*)

Unfortunate Results for Youth and for Production Must Be Avoided

Farm employment for suitable age groups, if well planned and supervised, can be made beneficial to the young people as well as productive for farmers and growers. Urban youth can come to know something of rural life. The interests of production as well as of the youth can be served through the development of good morale, good health, and good work habits in the young workers. Uncontrolled, however, employment of young people may break down opportunities for fair wages and full employment for adult workers. Badly managed, their employment experience may harm the health and stamina of young people, curtail their educational opportunities, and lead them to feel that advantage has been taken of their patriotism. Such unfortunate results would damage the prestige of farm work for young people and reduce the number of boys and girls interested in undertaking emergency farm employment in the future.

State and Local Organization Is Essential Where Young Workers Are Needed

In order to insure that farm work contributes both to production and to the well-being of the young persons, plans for the recruitment and employment of young people in wartime agriculture should be the responsibility of committees of representatives of State and local bodies, both public and private, working in close cooperation with the United States Employment Service. This planning should concern recruitment, working conditions, and supervision, and should be done on both a State and a county or local basis. Where there are several areas within a State in which groups of young workers may be needed, a State committee is particularly desirable to coordinate the work of the county or local organizations, to assure adoption of suitable standards throughout the State, and to serve as a clearing house for problems as they arise. Participating in the work of State and local committees should be representatives of public agencies concerned with labor, education, agriculture, health, and child welfare; representatives of farm, labor, teacher, community-planning and youth-serving organizations; and representatives of parent-teacher and church

groups. National or racial groups should also be represented on these committees, where such groups are affected by the recruitment program.

Executive authority for carrying out plans for safeguarding the employment and living conditions of the young workers should be delegated to agencies or persons accepting definite responsibilities for their well-being. Such persons or agencies should have the assistance of qualified staff. The services of appropriate Federal and State agencies should be made available for assistance in developing plans and standards and in carrying out the programs.

Principles and Standards Must Be Observed in Interests of Both Youth and Production

Recruitment and Placement.

Recruitment of young people should be for the purpose of supplying definite and known needs for agricultural labor that cannot be met through the usual sources of labor. Actual recruitment of youth in advance of the determination of need for their services (as distinguished from preliminary registration) should be discouraged as injurious to morale. It should not be undertaken to serve areas that have an abundance of unused adult labor or areas in which low wages and poor working conditions discourage adult employment. For orderly handling, all recruitment and placement of young workers in agriculture should be done through or in cooperation with the United States Employment Service.

All emergency recruitment and placement should be in full compliance with State and Federal child-labor laws and State compulsory school-attendance laws, as well as with the statement, Policies on Recruitment of Young Workers for Wartime Agriculture,[1] prepared by the Children's Bureau of the United States Department of Labor and approved by the United States Office of Education, the United States Department of Agriculture, and the United States Employment Service.

No child under 14 years of age should be recruited for hired farm labor. Boys and girls of 14 and 15 years of age should be employed only during vacation periods or outside school hours; children of these ages should not be called upon for farm work during periods which would require modification of their school programs unless 16- or 17-year-old minors or older persons are not available. Boys and girls 16 years of age and over who are in school should not be recruited for work during school terms so long as older workers are available.

Young people should not be placed in work projects that require them to live in camps or on farms away from their families unless they are 16 years of age or older.

In the farm placement of young persons 16 to 18 years of age who will live away from their families, whether in farm homes or in camps for young workers (and if possible also for youth of these ages not living away from home), the following should be required:

Written consent of parent;
Documentary evidence of age that, where possible, meets the standards prescribed for employment or age certificates in the State in which the young worker is placed;
A physical examination indicating that the young person is physically fit for farm work and free from communicable disease (see section on *Health and Sanitation*); and
Appropriate immunizations (see section on *Health and Sanitation*).

In cases where these young persons are to live in the home of the employer, placement should be made only where the farmer guarantees adequate living arrangements, good meals, and suitable working conditions including necessary instruction in safe and efficient methods of work. (See sections on *Supervision* and *Prevention of Accidents*.)

Preparation for Work.

The young workers' chance for success in work on farms will be greatly improved if they receive advance information on what to expect in their farm experience. Such preparation for work should deal with the nature of the crops to be worked on, the conditions of work to be expected, and protection against hazards of the work, as well as with the new living arrangements for those who are to leave home. For urban youth going into general farm work, instruction should be given in the fundamentals of the varied tasks they will be expected to perform.

Supervision.

Supervision over the young workers in their work and living arrangements is the key to the success or failure of the work experience.

Supervision in regard to work activities will vary with the age, numbers, and experience of the workers and with the kinds of tasks to be performed. Where groups of young workers are involved, it will often be found helpful to have group supervisors who will attend to practical arrangements regarding transportation, working conditions, safety, rest periods, and meals, and help to maintain the interest,

[1] Copies are available in leaflet form as a reprint from *The Child*, March 1942.

morale, and discipline of the workers. The number of young people at work as a group for which one supervisor would be expected to be responsible should be not larger than 25.

The nature of supervision with respect to living arrangements and social activities for those away from home will differ according to whether the young persons are to live on individual farms or in a camp or under some other group-living arrangement. In either case careful selection of workers and proper supervision is essential, if the experience is to be beneficial to the young persons and satisfactory to their employers.

The young workers placed in individual farm homes are on their own and should have the chance to develop self-reliance, to gain understanding of farm life, and to live in a home atmosphere. In these cases supervision should be directed primarily toward the satisfactory adjustment of the workers in the family and to farm life—a responsibility primarily of the farmer and his family, but one in which the assistance and guidance of qualified persons from a community organization can be of great value. Provision should be made for frequent contact of the young workers with persons of their own age and for participation in community life.

Young workers living in a well-run camp have the advantage of companionship with persons of their own age and the broader and more varied recreational and educational opportunities afforded by group life. In all camps for young workers there should be a qualified director in charge who, if he is also to be responsible for work supervision, should be a person experienced in the technical requirements of agricultural work. There should be preferably not more than 25 persons to one supervisor in the living quarters. In large camps additional staff with experience in conducting recreational and educational activities will be required to give the necessary leadership. Teachers, especially those familiar with the methods of progressive education and with vocational agriculture, and staff members from organized camps and leisure-time agencies are a major resource for the type of leadership needed.

The planning and the fixing of responsibility for supervision of work and living conditions are the most important functions of the State and the local committees described in the section on State and local organization. Without acceptance of these responsibilities by the various interests involved and without a clear fixing of responsibility on appropriate agencies or individuals for the execution of the program adopted, adequate supervision over the young workers cannot be expected.

Health and Sanitation.

In the interests both of the workers' well-being and of production, it is important that health be safeguarded in every possible way.

It is recommended that before his employment, a medical history of the young person be obtained and an adequate physical examination be made. This medical history and physical examination are especially important in the case of the young person sent away from home to live on an individual farm or in a camp, because under such situations certain responsibilities for safeguarding his health are assumed by those who house or employ him.

The desirable items to include in the medical history are as a minimum: Previous inoculations, operations, allergy, tuberculosis, and heart disease. The physical examination should serve to detect any existing physical defects, should determine the presence of acute infection, and should afford an appraisal of health. It should include as a minimum the young worker's weight and temperature, an examination of hair, skin, ears, throat, and heart, and the noting of the presence of hernia. At the conclusion of the examination the physician should estimate the young person's nutritional status and should make a written statement indicating his freedom from communicable diseases and indicating his physical ability to engage in the general type of farm work in which he is expected to be placed. It would be desirable to give the worker going to camp a further physical check-up at the time of admission if 2 weeks has elapsed since the physical examination.

Immunizations as recommended by State boards of health should be given, preferably at time of registration for work. These include vaccination against smallpox, even if there has been a previous vaccination, typhoid immunization, and such other immunizations as the State board of health may advise. In addition, it is strongly recommended that young persons entering farm work be given active immunization against tetanus.

Prior to the development of a program for placing young persons in camps, there should be a review by the State or local committee to determine whether medical supervision and care are available to the camp. Transportation should be available at all times for use in case of accident or illness. The selection of a camp site should be made only after consultation with the State board of health or local health officer. All camps should provide adequate liv-

ing accommodations and comply fully with State, county, and local laws and regulations regarding water supply and milk supply, as well as sewage disposal and other sanitary conditions.[2] Young persons should be placed only in camps which have the approval of the State, county, or other local health department.[3]

In camps the dietary standards set up in the Yardstick of Good Nutrition[4] should be followed and assistance in planning meals should be obtained from home-demonstration agents, health-department nutritionists, and home-economics teachers. If feasible, a dietitian should be employed on the staff.

There is a danger of transmission of certain infectious diseases including streptococcal infections, tuberculosis, and undulant fever through the use of raw milk. Both pasteurization and boiling of milk are satisfactory preventive measures. Camps should, if possible, make arrangements to obtain a supply of pasteurized milk.

Suitable toilet and washing facilities should be available on the farm where the boys or girls work. Water from approved sources, kept in covered containers, should be readily accessible in the fields and individual cups should be used.

No placement should be made in a household in which a person with communicable disease is known to live.

Prevention of Accidents.

Farm work is subject to serious accident hazards. This fact requires special consideration in the case of young inexperienced persons, who are unlikely to recognize the dangers, and who tend to be venturesome and take needless risks. Damage to equipment, furthermore, is likely to result when tractors or farm machinery are handled by inexperienced workers.

Instruction concerning the hazards connected with every-day farm tasks and the ways of avoiding accidents should always be made a part of the training program and of supervision on the job. This should include special emphasis on the proper use of tools and implements. Work involving the handling of animals, tractors, machinery, vehicles, and dangerous tools and implements should be assigned only to persons who have been given thorough training in their handling or use and who have sufficient maturity for performing such tasks.

First-aid equipment should be provided in the camps where the young persons live, and some means should be provided for rendering first aid at the work place.

Responsibility for payment of medical expenses incurred in case of injury on the job should be accepted by the employer: where practicable the employment of the young workers should be covered by workmen's compensation; otherwise some other form of insurance is advisable.

Transportation.

Safe means of transportation should be provided when it is necessary to transport young people to and from work. Buses and automobiles, rather than trucks, should be used if possible. If trucks are used for transportation, they should be provided with safe seating arrangements and with proper safety equipment. Overcrowding should be avoided. Any motor vehicle used for transporting young workers should be in a safe mechanical condition, driven by a responsible, licensed adult, maintained in full compliance with State laws and regulations, and covered by liability insurance.

Wages.

The employment of young workers should not be a means of obtaining cheap labor or of retarding increases in agricultural wage rates. Young workers should be paid wages not less than the prevailing piece rates in the area or not less than the time rates paid to older workers for comparable work. Wages should be paid promptly in cash and in no case later than the close of the period of work for a particular farmer.

Hours.

Hours of work and the nature of the task to be performed should be adapted to the age, strength, and experience of the workers. For those unaccustomed to active outdoor labor a breaking-in period in advance of the peak demand in a crop should be provided. Actual hours of work for persons under 18 years of age should not exceed 8 hours a day, and for children 14 and 15 years of age, it is desirable that the hours of work not exceed 6 per day. The work week should not exceed 6 days, except for necessary morning and evening chores on the seventh day for young persons doing the

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[2] Standards of the U. S. Public Health Service and State public health departments for camps and for home toilets should be consulted. In setting up camps, the health, safety, and sanitation standards for organized camps outlined in the American Camping Association's publication entitled "Marks of Good Camping," pp. 60–80, as well as the sections on supervision, program, and administration, will also be helpful.

[3] In addition, where other departments participate in sanitary control of water supply and sewage disposal facilities, they should be consulted.

[4] The so-called Yardstick of Good Nutrition, incorporating recommended daily allowances for specific nutrients, is contained in Recommended Dietary Allowances, published by the Committee on Food and Nutrition, National Research Council, and available from the Nutrition Division, Federal Security Agency, Washington, D. C.

Market Lists for Moderate-Cost and Liberal Meals, available from the Bureau of Home Economics, U. S. Department of Agriculture, Washington, D. C., suggests kinds and quantities of food for a week for boys and girls of different ages.

work of a general farm hand. There should be a noon meal period of at least an hour.

To prevent undue fatigue, rest periods should be given at intervals in both morning and afternoon.

Young workers between 14 and 18 years of age should not work at such distances from their home or living quarters that their absence for work would exceed 10 hours a day, including the lunch period.

Community Relationships and Leisure-Time Activities.

Recreation, social life, and relations with churches and other institutions in the rural community are essential to a satisfactory and productive away-from-home employment experience for young people. Responsibility for seeing that such opportunities are provided should be shared by the State and local committees for young workers in wartime agriculture and the farmers or camp directors under whose supervision they are living.

Child-Labor and School-Attendance Laws.

Nothing in this statement is to be understood to advocate or suggest any violation or modification of existing child-labor and school-attendance laws.

First Contested Case Under Child-Labor Provisions of Fair Labor Standards Act

A recent decision against the operators of a North Carolina slaughterhouse on June 12, 1942, brought to a successful close the first case in which legal action taken under the child-labor provisions of the Fair Labor Standards Act of 1938 has been contested. The decision, rendered by United States District Judge Isaac M. Meekins, enjoins David Roberson et al, doing business as Roberson's Slaughterhouse at Williamston, N. C., against shipping or delivering any goods for shipment in interstate commerce if removed within 30 days of the employment of children under 16 years of age.

Roberson, who had been convicted previously (July 28, 1941) in the Recorders Court of Martin County, N. C., of violating the State child-labor law by employing children in his slaughterhouse, was found to have reemployed one of the same minors contrary to the Federal law. He contended that the children involved in this case did not work on goods that were shipped in interstate commerce; that none of his business was of an interstate character; and that he did not actually hire the children to work, although he permitted them to work.

The children were employed in peeling and packing Frankfurter sausages, which, it was claimed, were sold only within the State of North Carolina. The evidence indicated, however, that hides, bones, and tallow produced in the slaughterhouse were sold at the slaughterhouse and were reshipped by purchasers to points outside the State. "It is clear," stated Judge Meekins in rendering his decision, "that if he is doing business in interstate commerce, he is not entitled to work children under 16 years of age."

Roberson's counsel contended that the children were working for their mothers, who were employed at the slaughterhouse under a contract arrangement. But the mothers testified that they had never received pay for the work the children did, and that the children were paid directly for their work.

This decision confirms the position taken by the Children's Bureau since the effective date of the act that section 12 (a) applies to any producer of goods if children are employed contrary to the minimum-age standards of the act in any capacity.

BOOK NOTES

VIOLATIONS OF FREE SPEECH AND RIGHTS OF LABOR. Report of the Committee on Education and Labor pursuant to S. Res. 266 (74th Cong.), printed as Senate Report No. 1150, part 3 (Washington, 1942, 405 pp.). This is a segment of the committee's California report, which is being issued in 10 parts.

One of the committee's recommendations is that existing laws regulating child labor be amended. "The hiring or use of children in agriculture except on a farm owned or operated by the parent or guardian should be completely prohibited. Such a measure is necessary to protect the children who, under color of the exemption permitting employment not in conflict with local educational routines, have been used in large numbers as hired hands in California agriculture."

RECREATION AND HOUSING FOR WOMEN WAR WORKERS. (Women's Bureau Bulletin No. 190, Washington, 1942. 40 pp.) This handbook, prepared by Mary V. Robinson, stresses particularly the importance of adequate housing and wholesome recreation for women and girls, many of whom are at work away from home and family for the first time.

Plans for Hospital Nurseries for Newborn Infants[1]

By Ethel C. Dunham, M. D., and Olivia Fountain Tesone, and Silver L. Tesone, *Architects, Washington, D. C.*

Careful planning for hospital care of newborn infants, especially premature ones, is an outstanding need at the present time. Experience has shown not only that adequate and qualified medical and nursing care is essential, but that a favorable environment must be provided, which includes optimum atmospheric conditions, suitable facilities, and sufficient space.

A method is presented here for determining, in small, medium, and large hospitals, the number of rooms needed to care for newborn full-term and premature infants, and for determining the size that these rooms should be to meet established standards.

The first step is to determine the size of the service; that is, to estimate the number of cribs or bassinets needed for full-term and for premature infants (table 1).

Table 1.—*Bassinets needed for premature and full-term infants in hospitals of various sizes*

Total number of live-born infants per year	Premature infants		Full-term infants	
	Number born per year [1]	Number of bassinets needed [2]	Number born per year [1]	Number of bassinets needed [2]
100	6	[3] 2	94	[3] 4
300	18	3	282	11
500	30	4	470	18
1,000	60	7	940	35
1,500	90	11	1,410	52
2,000	120	14	1,880	70
2,500	150	18	2,350	87
3,000	180	20	2,820	104

[1] The figures in this column are based on the expectancy that 6 percent of the total number of live births per year to white patients—ward and private—will be premature.

[2] The number of bassinets needed in a hospital can be approximated by dividing by 9 the number of premature infants and dividing by 27 the number of full-term infants.

[3] This number of bassinets has been fixed as a minimum for even the smallest hospital.

The number of infants born prematurely varies with several factors, among them race and economic status. Data from a number of sources indicate that if a birth weight of less than 2,500 grams is taken as a criterion of prematurity, the proportion of premature infants will be as follows: If private patients only are admitted to the service, the premature births will amount to about 5 percent; if private and ward white patients, about 6 percent; if white and Negro ward patients in nearly equal proportions, about 11 percent; if all Negro, about 13 percent.

The hospital's annual total number of live births, less the number expected to be premature, equals the estimated number of full-term infants born in a year. This number, divided by 365, will give the average daily number of full-term infants to be provided for. This number, multiplied by 10 (the average number of days of hospital stay for a full-term infant), will give the minimum number of bassinets required for full-term infants; that is, for 100 percent average annual occupancy. One-third of this number should be added in order to provide enough bassinets to allow for 75 percent occupancy.[2] It has been found that if the total annual number of full-term births is divided by 27, the figure derived by the above calculations will be approximated.

The estimated annual number of premature births, divided by 365, will give the average daily number of premature infants to be provided for. This number, multiplied by 30 (the average number of days of hospital stay for a premature infant) will give the minimum number of bassinets required for premature infants; that is, for 100 percent average annual occupancy. One-third of this number should be added in order to provide for 75 percent occupancy.[2] It has been found that if the total annual number of premature births is divided by 9, the figure derived by the above calculations will be approximated.

It is generally conceded that it would be ideal, from the point of view of preventing in-

[1] From the Children's Bureau, United States Department of Labor. This paper is part of a report read at the Second American Congress on Obstetrics and Gynecology (Section on Hospital Administration), St. Louis, Mo., April 9, 1942.

[2] In some hospitals it may be desirable to provide for 50 to 75 percent average annual occupancy; appropriate calculation will show how many additional beds are needed to meet a percentage of occupancy lower than 75.

fection, to care for each infant in a separate room, or in a completely enclosed cubicle, such as, for example, those used in The Cradle [3] or in the Presbyterian Hospital in Chicago.[4] If a nursery is used to house a group of infants the group should be relatively small, and individualized aseptic technique of care should be used. This will reduce the traffic into the nursery, with the result that danger of cross infection will be less, and the infection, if it does occur, will be limited to the unit.

A nursery for full-term infants should house not more than eight infants, and one for premature infants not more than four—the number of full-term and of premature infants that can be adequately cared for by one nurse. Therefore, the number of bassinets for full-term infants divided by 8 and the number of bassinets for premature infants divided by 4 will give the number of nurseries needed for full-term and premature infants.

It should be pointed out here that provision is not made in this plan for care of newborn and premature infants born outside the hospital and brought in for care. These infants require separate quarters in a part of the hospital remote from the maternity department.

In addition to the nurseries, accessory units will be needed, the number of which will vary with the size of the service. These units include rooms for isolation or observation of infants, chart rooms, examining room, supply and utility rooms, a nurses' locker room, a demonstration room, and a milk room.

In a relatively small hospital—with less than 500 live births per year—it may be unnecessary, and perhaps undesirable, to have separate nurseries for full-term and premature infants, and either incubators or glass cubicles can be used in the nursery to separate the premature from the mature infants. It probably will not be practicable, although it would be desirable, to have separate nursing service for full-term and for premature infants. It will also be unnecessary to provide separate accessory rooms, with the exception of separate isolation units.

In hospitals with 500 births or more all the accessory units, with the exception of the milk room and the demonstration room, should be separate for full-term and for premature infants.

The situation of the isolation units in relation to the nurseries and maternity service is a problem that must be settled in each individual hospital, as the opinion of clinicians will vary somewhat. It is probably best theoretically to have isolation cases cared for in a part of the hospital remote from the maternity service, but it will not always be practicable. The nurses caring for isolated infants should under no circumstances care for well infants. If separate locker rooms are provided for these nurses, this is an added protection against infection of the well infants.

A chart room should be provided which, in small hospitals with less than 500 births per year, may be a single unit. In larger hospitals, with 500 or more births, there should be two chart rooms, one for premature infants and one for full-term infants. The chart room should be so situated that it may be used as an anteroom to the nursery, and it need not be an outside room. The partition between the chart room and the nursery should be of glass, so that a view of the nursery is possible from the nurse's desk in the chart room. There should be desk space not only for the nurse or nurses on duty but also for the supervisor.

The same principle applies to the supply and utility room, that is, a single unit for small hospitals, separate units for larger ones. The room should be so constructed that there is storage space for blankets and linen, a table, a can for waste, and table space for an electric plate and an instrument sterilizer.

It is important in planning nurseries for full-term infants, especially for those attended by private physicians, to have a small examining room connected with the nursery only by a sliding glass window or a Dutch door. A table or shelf placed at the window-sill level makes it possible for the various doctors attending these babies to examine them without entering the nursery, a practice that has obvious advantages. The examining room should be equipped also with a lavatory, a disposal can, and hooks for gowns.

It is desirable to have a demonstration room, in which the mothers of full-term and of premature infants may be instructed in the care of their infants before being discharged from the hospital. In large hospitals there should be more than one demonstration room. One of these rooms can then be used when necessary for ritual circumcisions; and one of the isolation units, for observation of circumcized infants in the recovery period.

The milk room (formula room) should preferably be situated in a part of the hospital separate from the maternity unit. It should be separate from the diet kitchen also. The milk room should be composed of two parts, sepa-

[3] Erikson, Carl A., and Sauer, Louis W.: Control of Infection Begins in The Cradle. *Modern Hospital,* Vol. 55, No. 4 (October 1940), pp. 54–57.

[4] Bacon, Asa S.: Designed for Premature Infants. *Modern Hospital,* Vol. 52, No. 1 (January 1939), pp. 61–62.

rated by a Dutch door, one part for the reception and washing of contaminated glassware and utensils; the other for sterilization of glassware, preparation of milk mixtures, filling of bottles, cooling, and refrigerating them (fig. 6). Weymuller [5] has described a similar milk-room arrangement which is used at Long Island College Hospital.

A locker room separate from the general locker room for nurses should be provided for nurses caring for newborn infants. In larger hospitals in which the size of the nursing staff warrants it, separate locker rooms should be provided for the nurses caring for full-term and for premature infants. Segregation of these nurses is facilitated by placing a locker room for them in or near the maternity unit.

It is assumed that there will be provided elsewhere in the hospital a central laboratory, an X-ray department, a sterilizing unit, and a doctors' coatroom.

The next step is to determine the size of the different rooms (table 2).

TABLE 2.—*Square feet of space required for nurseries and accessory rooms in a small, a medium-sized, and a large hospital.*

Size of hospital	Square feet of space required for—						
	Nursery	Isolation or observation room	Chart room	Supply and utility room	Examining room	Demonstration room	Milk room
Small (100 live births per year):							
For both premature and full-term infants	268	67	45	67	34	89	89
Medium-sized (1,000 live births per year):							
For premature infants	268	89	45	67	.....	.....	.....
For full-term infants	1,340	223	134	268	170	.....	.....
For both premature and full-term infants	.....	.....	.....	.....	.....	179	201
Large (2,000 live births per year):							
For premature infants	536	179	90	134	.....	.....	.....
For full-term infants	2,412	402	201	402	306	.....	.....
For both premature and full-term infants	.....	.....	.....	.....	.....	268	335

A nursery for eight full-term infants has been taken as one unit (fig. 1). If this unit is 20 feet 4 inches by 13 feet 2 inches it will include approximately 268 square feet of floor space. This provides space for bassinets, lavatory, disposal cans, and table or shelf; and allows more than 2 feet of space between bassinets, 6 inches between any bassinet and any wall or partition, and 2 feet or more of aisle space. Each infant will then be provided with approximately 33 square feet of floor space in the nursery. A service of the size that requires space for eight full-term infants requires space for two premature infants (one-fourth of a space unit). (Fig. 2.)

Standards require 200 to 400 cubic feet of space for each infant.[6] A nursery having 268 square feet of space, if the ceiling is 9 feet high, has 2,412 cubic feet, or 301 cubic feet per infant.

The space requirement for isolation for full-term infants has been estimated on the basis of one isolated infant for each eight full-term infants. The minimum number of isolation beds is two, even in the smallest hospitals. The size of the isolation nursery is shown in figure 2. The beds should be separated by a partition.

For premature infants, because of their well-known susceptibility to infection, twice as much isolation space is necessary as for full-term infants; that is, one bed for every four infants.

The space requirements for the additional accessory rooms are also shown in table 2. These have been estimated on the basis of floor space required for furniture and persons using the rooms. A minimum ceiling height of 9 feet is assumed. Figures 3 to 7 show the minimum space required for the various rooms for the smaller hospital. Their relative size in relation to the nursery as a unit is indicated: for example, the chart room is equal to one-sixth of a unit (45 square feet).

Furnishings for the accessory rooms will not be described here, but they have been taken into consideration in estimating the size of the rooms and are shown in the plans.

All the rooms in which infants are housed should be completely air conditioned with forced ventilation. Under these conditions the cubic footage may be reduced slightly, provided the minimum space requirements are met. The air should be brought in from outside, filtered, warmed, and circulated; and there should be some device for cooling the nurseries in hot weather. Sterilization of air with ultraviolet light has been shown by studies to be an important factor in preventing infection.[7]

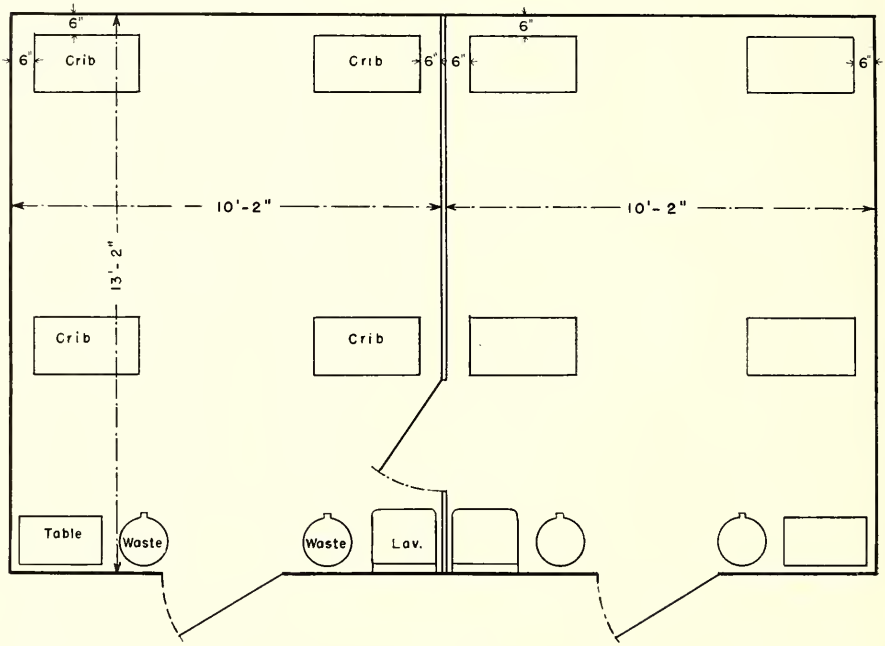
In the absence of air conditioning the temperature of the nurseries should be automatically controlled.

[5] Weymuller, Charles A.: Measures for Protection of Newborn Infants Instituted at the Long Island College Hospital. *The Child*, Vol. 5, No. 9 (March 1941), pp. 215–222.

[6] MacEachern, Malcolm T.: Manual on Obstetric Practice in Hospitals, p. 23. American Hospital Association, Chicago, 1940.

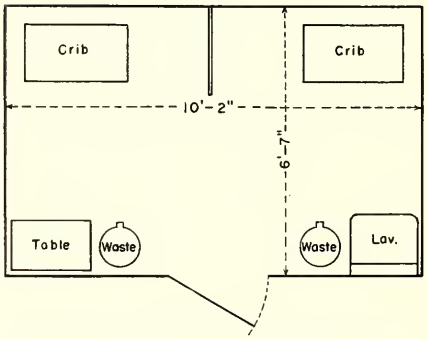
[7] McKhann, C. F.: Transactions Chicago Pediatric Society. American Journal of Diseases of Children, Vol. 62, No. 3 (September 1941), pp. 677–679.

Fig. 1



NURSERY – 1 UNIT

Fig. 2



OBSERVATION NURSERY – 1/4 OF 1 UNIT

Fig 3

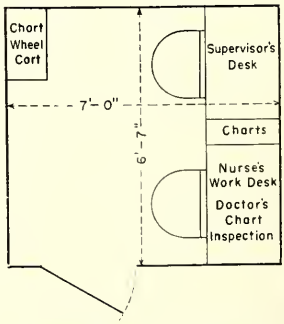
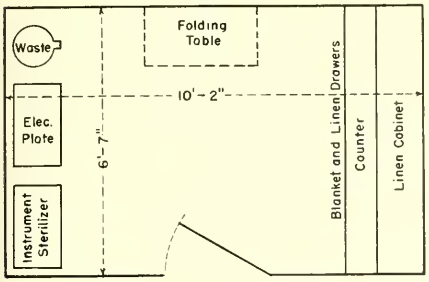


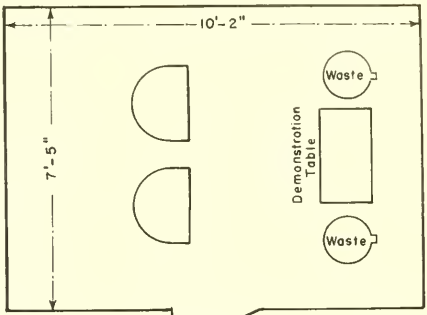
CHART ROOM – 1/6 OF 1 UNIT

Fig. 4



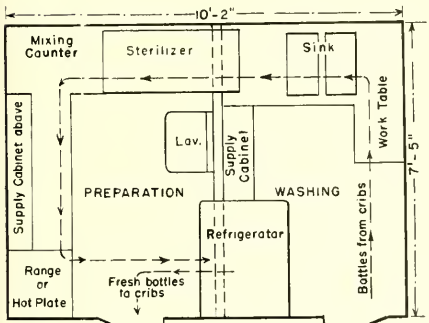
SUPPLY AND UTILITY ROOM – ¼ OF 1 UNIT

Fig. 5



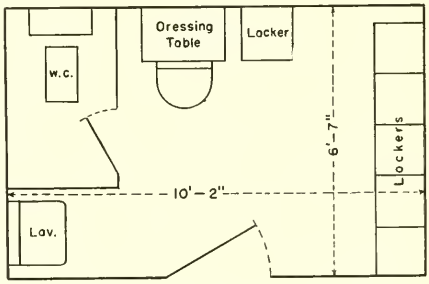
DEMONSTRATION ROOM – ⅓ OF A UNIT

Fig. 6



MILK ROOM – ⅓ OF A UNIT

Fig. 7



NURSES' LOCKER ROOM – ¼ OF 1 UNIT

In addition to planning for adequate space and equipment and for optimum atmospheric conditions, careful consideration must be given to the finishing of walls and floors so as to make cleaning easy and safe; to the number and spacing of windows, so as to afford adequate daylight; to provision of other needed lights; to height and material of partitions between bassinets; and to number and types of lavoratories, and other plumbing fixtures; to disposal of soiled diapers and other clothing and bed linen, and to provision for properly laundering them.

The final plan and working drawings for nurseries for newborn infants and for accessory rooms and services should be prepared by an architect upon whose technical knowledge complete reliance may be put. Consultation between the architect and the medical, nursing, and administrative staffs of the hospital *before* plans are drawn will obviously be conducive to meeting clinical and administrative needs. The results will contribute without doubt to maintaining in this difficult time of war the downward trend of neonatal mortality in the United States.

BOOK NOTES

VITAMIN K, by Hugh R. Butt, M. D., and Albert M. Snell, M. D. W. B. Saunders Co., Philadelphia, 1941. 172 pp. $3.50.

The monograph by Butt and Snell critically reviews medical reports on vitamin K and orients the reader in regard to the subject historically, chemically, and clinically. There are 350 references.

Chapter 1 gives general information in regard to the antihemorrhagic vitamin (vitamin K); chapter 2 is concerned with a discussion of the method of coagulation of the blood; chapter 3 discusses products which have vitamin K activity, both natural and synthetic; chapters 4 and 5 deal with pathologic conditions accompanied by a tendency to bleed; chapter 6 is devoted to the subject of the hemorrhagic diathesis of the newborn infant; and the final chapter, chapter 7, discusses hemorrhagic diathesis not related to prothrombin deficiency.

The relation of vitamin K to the clotting of blood was discovered in the course of experiments by Dam and Schönheyder extending from 1929 to 1935. Four years later the vitamin was isolated and synthesized. Since that time a number of forms of the vitamin have become available for clinical use.

Of special importance from the public-health aspect is the evaluation of this vitamin in the prevention of "the hemorrhagic diathesis of the newborn infant."

In the summary of chapter 5 the authors state, "General experience in the treatment of hemorrhagic diathesis of the newborn infant with vitamin K has not been so extensive as experience in treatment of the abnormal bleeding of patients that have jaundice, but reports available suggest that a decreased amount of prothrombin in the circulating blood is in some manner intimately associated with the abnormal bleeding of the newborn infant which is sometimes observed . . . The data available suggest that the prophylactic administration of vitamin K to mothers before or during labor will be of great value. The administration of synthetic products having vitamin K activity to newborn infants probably will supplant the intramuscular administration of blood as a means of prevention of hemorrhagic diathesis of the newborn infant."

At the end of this chapter the authors suggest that "for the pregnant mother vitamin K could be administered as 2-methyl-1, 4-naphthoquinone, 2 milligrams daily for 1 week prior to delivery, and that if necessity demanded, the form of this compound prepared for intravenous use could be administered in the same dosage at the time of labor. This prophylactic treatment in most instances results in the birth of an infant who has a normal value for prothrombin in the circulating blood. For the infant we suggest that 3.2 milligrams of 2-methyl-1, 4-napthohydroquinone-3-sodium sulfonate or other water-soluble compounds be given intramuscularly immediately after birth. This, in almost all instances, will prevent the occurrence of hemorrhagic diathesis resulting from a deficiency of prothrombin. Treatment with these dosages has not resulted in toxic manifestations in either mother or infant."

CARDIAC CLASSES AND THE CARE OF CARDIAC CHILDREN.—Report of a Subcommittee of the Committee for the Care and Education of Physically Handicapped Children in the Public Schools of the City of New York, Board of Education, New York. 1941. 99 pp.

In 1917 the Association for the Prevention and Relief of Heart Disease in New York City developed a research project to study the value of special cardiac classes for a certain number of "cardiac children." Four cardiac classes were set up during 1917 to provide the experimental material for the study. The investigation was interrupted by the declaration of war by the United States in 1917, but the original "cardiac classes" continued and others were established.

Although medical committees in 1923, 1926, and 1934 were unanimous in advocating the abolishment of the existing cardiac classes, the New York public-school system continued to increase the number of such classes, until in 1939 the estimated number of classes was 84 with a total attendance of 2,251 children.

The present report is made by a subcommittee of the committee for the study of the care and education of physically handicapped children in the public schools of the city of New York, appointed by the board of education in 1936. The committee has made certain broad criticisms of the existing system of segregated cardiac classes in New York City.

The committee believes, for example, that only a small percentage of the children with cardiac diseases are receiving special attention in the schools; that policies for these children have not been consistent; that the department of health has had no authority over the conduct of special classes; that there has been a lack of interchange of information by the schools and private physicians, hospitals, clinics, convalescent homes, and social agencies concerned with the care of cardiac children. From the medical point of view the committee found that assignments of cardiac children to special classes have not been based upon adequate diagnostic criteria, medical and nursing supervision for cardiac children has been inadequate, too little emphasis has been placed on rheumatic fever and too much on heart disease.

From the educational point of view, the committee found that the percentage of children segregated in cardiac classes who were overage for their grade was very high in comparison with pupils in regular classes; that the predominant type of learning activity was individual seat work; that there was less emphasis here than in regular school classes on the interpretive, appreciative, and integrative phases of school subjects.

The committee recommends that adequate diagnosis and medical and nursing supervision should be furnished by the department of health, that measures be taken to reduce the spread of upper respiratory infections among cardiac children, that there be extension of educational programs for children who are at home or in hospitals or convalescent homes, and that a complete register be kept of all children with rheumatic fever, chorea, or rheumatic heart disease.

B. H.

POSTURE IN NURSING, by Jessie L. Stevenson. Published and distributed by Joint Orthopedic Nursing Advisory Service of National Organization for Public Health Nursing and National League of Nursing Education, 1790 Broadway, New York, 1942. 63 pp. This handbook is one of a series planned by the author in relation to orthopedic nursing and deals with posture and body mechanics and their application to nursing.

DIRECTORY OF HOSPITALS AND CONVALESCENT INSTITUTIONS ENGAGED IN WORK FOR CRIPPLED CHILDREN IN THE UNITED STATES OF AMERICA. National Society for Crippled Children of the United States of America, Elyria, Ohio, 1942. 115 pp. $1. This directory, first published in 1938, has been completely revised and expanded.

INTER-AMERICAN COOPERATION

Brazil

Industrial Training

A decree-law (No. 4073) of January 30, 1942, provides for the organization in Brazil of a national system of industrial training for youths and adults employed in industry, handicrafts, transportation, communications, and fisheries.

Under the law industrial courses of 4 years' duration will be established to give complete training in a given occupation to young persons. Applicants must be not less than 12 years of age and not more than 17 years of age.

A certificate of primary education and a certificate of ability to do the physical and mental work of the course are required. The schools will be maintained by the Government under the supervision of the Federal Ministry of Education. The instruction is to be free, at least for the students from low-income families. A system of vocational guidance is to be maintained in connection with the school.

The law also provides for advanced courses for those who have finished the industrial course, courses for artisans, and courses open to apprentices of industrial establishments. These courses will last from 2 to 3 years. There will also be 1-year courses for the training of instructors.

Legislacao do Trabalho, São Paulo, February 1942.

Organization of the National Children's Bureau

A special decree-law (No. 3775) of October 30, 1941, supplementing that of 1940 for the establishment of the National Children's Bureau of Brazil, provides that the Bureau is to consist of the following parts: Division of Child Welfare; Division of Federal Cooperation; National Institute of Puericulture and Administrative Division, with a director for each of the three divisions. Provision is made for the calling of a national conference on child welfare at regular intervals by the President of the Republic with the participation of representatives of the Federal and State Governments, for the coordination of child-welfare activities throughout the country, for the preparation of plans, and for the study of programs to be carried out by the Federal, State, and municipal Governments.

Diario Oficial, Rio de Janeiro, November 1, 1941. Section 1, p. 2088.

Panama

School for Handicapped Children

A special school for children whose mental or physical handicaps prevent their education with normal children is to be established in Panama under a Presidential decree promulgated on May 15 through the Ministry of Education.

Committee for Child Study

The decree also provides for the formation of a Committee for Child Study, which will function under the Technical Department of the Ministry of Education. The committee is to be composed of "an educator with a university degree in psychiatry, a psychiatrist, an educator with experience in the teaching of mentally deficient children, and a social worker." It is to determine the number of mentally and physically handicapped children in Panama and to develop special courses of study for the school for handicapped children, which will best assure the assimilation of these children in the cultural and economic life of the Nation.

La Estrella de Panama, May 16, 1942; also correspondence with the Secretary of State.

EVENTS OF CURRENT INTEREST

Joint Committee On Evacuation

The Joint Committee on Evacuation, of which Dean Landis is chairman, now has headquarters at the Office of Civilian Defense. Dr. Martha M. Eliot has been appointed secretary of the committee, representing the Office of Defense Health and Welfare Services, and will give part time to the work of the committee.

Bulletin No. 1, The Civilian Evacuation Program—Policies and Principles, and Bulletin No. 2, The Civilian Evacuation Program—Planning for Evacuation and Reception Care, have been issued and are being distributed by the regional evacuation officers and regional directors of the Office of Civilian Defense through State and local defense councils and State and local evacuation authorities. Their use is restricted to administrative purposes.

Retirement of Miss Hanna

Effective as of July 1, 1942, Agnes K. Hanna retired as Director of the Social Service Division of the Children's Bureau, a position she had held since October 1, 1926. It is planned that Miss Hanna will be available for occasional special consultant service to the Children's Bureau relating to State legislation, a field in which she has given invaluable service through the years. Increasingly Miss Hanna's advice has been sought by State groups interested in improving the legislative foundation of the State for service to children. She has exercised an influence which will be lasting, particularly with reference to State responsibility for leadership in developing and making effective standards for the care and protection of dependent children, children born out of wedlock, and children placed for adoption.

Because of the close relationship between the work of the Child Guidance Division, headed by Elsa Castendyck, and the Social Service Division, the two divisions have now been merged into a single division under the title, "Social Service Division." Miss Castendyck has been given the responsibility of director of the combined divisions. Miss Castendyck has been with the Children's Bureau since June 26, 1936.

Conference on Services for Handicapped

At the suggestion of the American Physiotherapy Association, a conference of national organizations engaged in activities related to services for the handicapped is being called at the Roosevelt Hotel, New York, on August 15 and 16, to consider problems related to the health, education, and welfare of handicapped persons and the needs for developing a comprehensive program of services for their care, treatment, and training.

Special attention is to be given to those who may become disabled while in the armed forces, those rejected by military draft boards because of a disability, civilians with disabilities resulting from enemy action or from industrial accidents, and handicapped civilians who may be rehabilitated and become employed in essential industries.

A. D. A. Conference Cancelled

The American Dental Association announces the postponement of its annual meeting, which was scheduled for August 24-28 in Boston.

CONFERENCE CALENDAR

Sept. 28–Oct. 2	National Recreation Association. War Recreation Congress, Cincinnati. Information: T. E. Rivers, National Recreation Association, 315 Fourth Avenue, New York.
Oct. 6–8	National Safety Council. Thirty-first National Safety Congress, Chicago. Permanent headquarters: 20 North Wacker Drive, Chicago.
Oct. 12–16	American Hospital Association, St. Louis. Permanent headquarters: 18 East Division Street, Chicago.
Oct. 18–21	National League to Promote School Attendance, Rochester, N. Y. Information from C. L. Mosher, 710 Eighteenth Street, Santa Monica, Calif.
Oct. 19–23	National Probation Association, Asheville, N. C. Permanent headquarters: 1790 Broadway, New York.
Oct. 27–30	American Public Health Association. Seventy-first annual meeting, St. Louis. Permanent headquarters: 1790 Broadway, New York.
Nov. 8–14	American Education Week. General theme: Education for Free Men. Sponsored by National Education Association, 1201 Sixteenth Street, NW., Washington.
Nov. 15–21	Children's Book Week. A Nation-wide cooperative program shared by educators, librarians, scout leaders, booksellers, and publishers. Poster and information from Book Week Headquarters, 62 West Forty-fifth Street, New York.

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The CHILD

Monthly Bulletin

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS
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THE CHILD — MONTHLY BULLETIN

Volume 7, Number 3 — September 1942

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Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the need of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Communications and requests to be placed on the free official mailing list should be addressed to Miriam Keeler, editor, The Child, Children's Bureau, U. S. Department of Labor, Washington, D. C.

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UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

• CHILD WELFARE SERVICES •

Counseling Service in a Day-Care Program

By Emma O. Lundberg

Consultant in Social Services for Children, U. S. Children's Bureau

What Is Counseling Service?

The Conference on Day Care of Children of Working Mothers, held under the auspices of the Children's Bureau in the summer of 1941, recommended that "counseling service provided as part of a unified community program should be available for mothers planning to enter employment or already employed. The object of this service is to assist parents in making plans which will safeguard family life and make adequate provision for the health and welfare of parents and children."

Day-care counseling has three main purposes: (1) To provide assistance to parents who wish advice regarding the practicability of the mother's employment from the point of view of the welfare of the children and the stability of the home; (2) to furnish information as to facilities available in the community for care and supervision of children whose mothers are absent from the home because of employment, with reference to the particular needs of the individual children and the family situation; and (3) to make available, directly or through other agencies, advice or assistance relating to the care and development of their children as affected by conditions arising from employment of the mother. The extent to which the third type of service is given by a central counseling service or by other agencies in the community must be determined by local conditions.

Counseling in relation to day care of children is a professional service, and it is essential that those engaged in it shall be social-service workers with experience in family and child-welfare case work and understanding of child growth and development. A variety of conditions enter into each situation and what may be practicable for one family may be unwise for another. The decision as to employment must be made by the families themselves, but the counselor must be able to assist parents to think through the effect which employment of the mother will have upon the stability of the home and the upbringing of the children, and to plan wisely for the care and supervision of the children. The mother's relationship to the family and its needs must be considered, and she should take responsibility for carrying out plans which she herself makes with such advisory service as she may desire, and for modifying these plans when necessary.

Questions such as the following will need to be considered: Is the mother's health equal to the double task of employment and homemaking? What will separation from the mother mean to the individual children? Is the welfare of all the children in the family—those of school age as well as preschool children—being considered adequately? Is there danger that older children may get into bad company or become wayward because of the mother's absence from the home? Do any of the children have special physical, intellectual, or emotional problems which will be aggravated by the absence of the mother from the home during working hours? Will employment of the mother mean disorganization of home life; how may permanent injury to the home be prevented? If day care appears to be desirable, what special health or mental or emotional problems must be considered in deciding upon the kind of care to be obtained for the children? What arrangements can be made for children in day care if they become ill?

Information and advice should be available to parents not only when they are first considering the practicability of employment of the mother or seeking information in regard to day-care resources, but whenever they may wish such help.

If day care for children of working mothers is to serve the purpose for which it is intended in relation to war production it must be a means of assuring regularity of the work of

the employed mothers and freeing them from anxiety about the safety of their children which may reduce their efficiency. Careful consideration must be given to a mother's equipment for the kinds of work available in war production industries and other essential occupations, hours of employment in relation to arrangements which may be made for day care of children, and other conditions which may affect her ability to do the required work and also to fulfill her household responsibilities. If the hours or conditions of work in the occupation in which she is engaged or in which she is considering employment are such that she cannot expect to do this work without injury to her health or neglect of her children she should be helped to obtain work which will permit proper arrangements for care of the children. Many types of work are essential to the war effort besides those directly concerned with war production.

Mothers who apply for day care for their children are often in need of some other kind of help. It may sometimes be a question of assistance to the family, through "aid to dependent children" or some other form of aid by public or private agencies, so that the mother may be able to remain at home and care for her children. Or need may be indicated for the services of a health agency or some other organization. The staff engaged in counseling in relation to day care must be informed in regard to services provided by public and private agencies in the fields of social serivce, health protection, child guidance, education, and recreation, and by other organizations in the community.

Why Is Counseling Service Needed?

The wisdom of the recommendation by the Conference in regard to counseling service has become increasingly evident as communities have come face to face with the complex problem of providing day care for children of mothers employed in war production areas. On the one hand, there is the incontrovertible fact that the employment of women, including those with household responsibilities, will be required in war production areas where there is a limited labor supply and that in these areas special safeguards must be provided for the children of women war workers. On the other hand, there is a tendency to forget that the employment of mothers of young children involves many problems for industry as well as for the families concerned.

It is clearly uneconomic for the community to provide substitute care for children of mothers whose work in war industries could be done as efficiently by other available labor. From the point of view of the welfare of children, no one will dispute the statement by the Conference on Day Care of Children of Working Mothers that "Mothers who remain at home to provide care for children are performing an essential patriotic service," or the words of the Secretary of Labor, Frances Perkins:

> "In this time of crisis it is important to remember that mothers of young children can make no finer contribution to the strength of the Nation and its vitality and effectiveness in the future than to assure their children the security of home, individual care, and affection. Except as a last resort, the Nation should not recruit for industrial production the services of women with such home responsibilities.

In this period of emergency, as in normal times, many forces operate to bring mothers of young children into employment away from the home. In the first place, there is the need of many women to supply maintenance for their children. When work is available at comparatively high wages there may be the added incentive to increase the family income, and there is also the very laudable desire to be of definite help in the war effort. In some communities officials administering aid to dependent children are all too ready to urge or to condone the mother's employment in order to reduce the expense of providing for home care of children in accordance with the intent of this important feature of social security. It is also true that in some communities women with household responsibilities are being actively recruited for gainful employment when the necessary labor supply could be made available from other sources.

Provision of adequate day care for children of women war workers is a very complex problem, and it is little wonder that those responsible for planning community day-care programs find themselves in a state of confusion and that individual mothers are torn between their desire to be of help in the national emergency and their concern for the welfare of their children. The problem cannot be solved merely through the adoption of policies and provision of general safeguards, important though such measures may be. It must also be dealt with case by case, taking into consideration the particular circumstances of families and individuals.

Making counseling service available is the logical first step in providing day-care facilities. In war production areas, where there is apparent need for day care but where no facilities are as yet available, counseling service will be needed coincidentally with the establishment of day-care centers and other forms of service for

which the community survey has indicated need, thus assuring the utilization of day care by those who actually require such service. In communities where day nurseries and other types of care already exist counseling service will make it possible to utilize these facilities to the utmost while additional services are being made available. It is an important function of counseling service to furnish current information to the planning group in regard to the need for day-care facilities and the types of services required. A community day-care program cannot be static; in order to meet actual needs in a constructive way it must keep pace with and anticipate the demands for service.

What Are the Essentials of Day-Care Counseling Service?

Counseling service has already been started in many communities where employment of large numbers of women makes it evident that there will be extensive need for day care of children. Up to this time counseling has been largely experimental, for the purpose of discovering the need for this service and determining the most practicable method of making it available for mothers who are already employed and for those contemplating employment. Reports in regard to a considerable number of areas show a variety of plans for making the service available in different types of communities.[1]

As a demonstration of the need for such service, counseling has been provided in some areas by existing public or private family-welfare or child-welfare agencies. The type of experienced personnel available in these agencies is essential for adequate counseling. Methods of supplying counseling service will necessarily differ according to the character of the area to be served and the stage of development of the community day-care program.

It is generally recognized that counseling service on a community-wide basis should be set up as a distinct function of the community day-care program and should be easily accessible to mothers who are employed and to those who are considering employment. The service should be acceptable to those who wish information or advice and should not be related in the public mind to the administration of public assistance, private relief, or case-work service to dependent children and families.

Day-care counseling is closely related to child-welfare services, which have as a major purpose the preservation of home life for children, whenever possible, helping to work out with parents and community agencies the ways in which the special needs of children living in their own homes may be met. Such child-welfare services have been developed as a part of public-welfare administration in many communities and are being extended in defense areas. The objectives of day-care counseling service are included in a broad community child-welfare program, and counseling service might well be developed as a function of the local public-welfare department. When counseling service is conducted under the auspices of a public-welfare department it should have a separate identity, though it should be closely related to other public and private services for children and families.

The service may be located either in one central office or in several areas of the city, depending upon the requirements of the community. Special emphasis should be placed upon the relationship between the public employment service and counseling service. The employment service provides information in regard to the needs of industries and employment possibilities and is informed about employment policies and working conditions—facts which must be given careful consideration in individual counseling. In areas where employment in war industries represents the major type of work available to women with young children it is especially advantageous to have the counseling service very closely related to the public employment service, with the central office in or near the employment office if the location of that office is appropriate for the counseling function, although not as a rule operated by the employment service. In any event, association of these two services will have a specific value in clarifying the status of counseling service as a public service directly concerned with a definite need in the community which is related to the problem of labor supply.

The question of hours during which counseling service is provided must be considered carefully. Reports from communities show that in a number of places arrangements are made for evening hours and even Sunday hours in order that mothers who are employed may be able to make use of this facility.

Several of the community committees responsible for day-care planning have brought counseling service to the attention of families through attractive posters placed in war production plants and other strategic places, explaining its purpose and directing those interested to the agency or central office where they may obtain information and advice. The

[1] Reports sent to the Children's Bureau in June 1942 by State welfare departments concerning State and community day-care programs.

value of newspaper publicity is also evident. Unless there is general knowledge in the community as to the place or places where information about the community's day-care program can be obtained and where parents may come for individual advice, the purpose of the plan is defeated. The information must reach mothers who are considering seeking employment as well as those already working. It is important to have it clearly understood that counseling service does not involve "probing into family circumstances" or "supervising" the families, but that it is a free service entailing no obligations and that its sole purpose is to help parents in planning for their children.

All the reports received on counseling service showed appreciation of the necessity for personnel—whether on a paid or a volunteer basis—especially equipped for this service. The extent to which experienced workers in family-welfare and child-welfare agencies are volunteering their services in order to promote the plan is of special interest, as is the readiness of social agencies to make staff available to local defense councils or other community groups concerned with day care.

The purpose of day-care counseling is not only to give information and to assist families in planning for the care and supervision of their children, but also so far as possible to eliminate unnecessary or unwise use of day-care facilities. Many of the mothers who apply for day care for their children actually are faced with problems which cannot be solved by such care but which require the services of various community agencies. For example, the report from one city where counseling service was established recently contains the information that in the first 2 weeks the social worker in charge of this activity had contact with 70 family situations. "In 34 cases assistance on day-care plans for the children seemed to be indicated, and for the most part the necessary resources were available. The other families were referred to the health agency, the child-guidance center, and many other social agencies." It is not the function of counseling to undertake treatment of individual child or family social problems any more than it is its function to provide health services; situations requiring such assistance should be referred to the proper agency. The counseling staff must know how to make intelligent referrals, and on occasion may need to follow up on them so as to know whether there is need for further advice and assistance in relation to day care.

Every day-care facility—whether a day-care center, an agency providing foster-family day care or service in the home, or a school or other organization concerned with activities outside regular school hours—should have within its own program, or available to it through family and child-welfare agencies, case work and child guidance for individual children and families who need special service. In some communities this service can best be provided by the central office of the day-care committee as an adjunct of counseling. It should be borne in mind that such individual case-work service will be required in many instances and that it must be considered in planning the community day-care program.

The points that appear to be of special importance in establishing counseling service for working mothers and those who are considering employment may be summarized as follows:

1. Counseling service on a community-wide basis should be set up as a distinct function of the community day-care program. It should be easily accessible to all in need of such service and acceptable to them.

2. Counseling service should be related to the work of child-welfare and family agencies, both public and private, and might well be developed as a part of a public child-welfare program. However, it should be identified with the community day-care program.

3. There should be a close relationship between the public employment service and the counseling service.

4. The hours during which counseling is offered must be such that working mothers can avail themselves of the service without losing time from their work. It may be necessary to provide for Sunday hours as well as evening hours.

5. The services must be made known to those who may wish to use them. This may be done through newspaper publicity describing the purpose of the community day-care program and giving information regarding the availability of information and advice, through posters placed in employment offices, industrial establishments, and other strategic points, and through information distributed through labor unions and other organizations.

6. The staff who provide counseling on day care should be experienced in family and child-welfare service, and should have an understanding of child growth and development. They should be familiar with local employment practices and with the social, health, educational, and recreational resources of the community.

Proposed Qualifications for Probation Officers[1]

At the 1941 session of the Judicial Conference of Senior Court Judges the Chief Justice of the Supreme Court appointed a committee to study standards of qualifications for Federal probation officers and submit a report at the September 1942 conference. In its report the committee was to consider the advisability of supplementing the general statement that "probation officers should be appointed solely on the basis of merit without regard to political considerations; and that training, experience, and traits of character appropriate to the specialized work of a probation officer should in every instance be deemed essential qualifications" by recommending definite qualifications to be required of the candidates.

In preparing its report the committee consulted some 30 recognized authorities in the correctional field.

The Report of the Committee on Standards of Qualifications of Probation Officers points out that the work of a Federal probation officer is of two principal kinds, each calling for abilities of a professional nature: The supervision of persons on probation and parole who have been committed to his charge; and the investigation between conviction and sentence of persons convicted, for the purpose of furnishing the judge with all available information. Because the method of probation is the adjustment of an offender to society outside of prison, largely by his own efforts with the guidance and help of a probation officer, and because impersonal facilities have practically no part in the process, reliance must be placed on the personal influence which the probation officer can exert.

The following points are covered by the report:

Character.—Probation officers who become known for their success in reclaiming offenders, the committee finds, are those who are motivated by a genuine attachment to their fellowmen and who therefore give their efforts without stint and with patience, steadiness, and the resolution that overcomes obstacles.

Age.—A probation officer should be old enough to have reasonably mature judgment and young enough to be energetic, because the work makes exacting physical as well as intellectual demands. An age range of 24 to 45 years is suggested. The minimum is made as low as 24 years because it has been shown that young men of strong personality, if their judgment is sufficiently reliable, can often work more effectively than older persons with offenders, particularly with young offenders.

Education.—Because the functions of probation officers clearly call for general knowledge and mental discipline not attained short of a college course or its equivalent, a college degree is recommended as the educational requirement, although in rare cases an exception might be made when the candidate "gave unequivocal evidence of his fitness by positive achievement in a related field."

Experience and training.—A minimum of 2 years' experience in personnel work for the welfare of others or 2 years' specific training for welfare work in a school for social service of recognized standing or in a professional course of a college or university of recognized standing should be required, the committee believes. "Mere amateurs having neither experience in welfare work of substantial character nor definite training for it ought not to be appointed as probation officers. The risk of failure is too great. Previous success in comparable work is the best demonstration of competence."

Probationary appointment.—A probationary period of 6 months is recommended, at the end of which the appointment should be made permanent if the service rendered has been deemed satisfactory by the court. Mistakes could thus be corrected before the appointment became permanent and the embarrassment of removal through subsequent court action avoided.

[1] From correspondence with the Administrative Office of the United States Courts, Henry P. Chandler, Director (Supreme Court Building, Washington, D. C.).

BOOK NOTES

PSYCHIATRIC ASPECTS OF CIVILIAN MORALE, prepared by the Military Mobilization Committee of the American Psychiatric Association. Family Welfare Association of America, New York, 1942. 62 pp. 50 cents.

The first two chapters deal with the experiences of civilian populations during war and with the value of social institutions during such a period. Factors producing abnormal behavior patterns during mobilization and war are discussed along with the types of reaction produced and the treatment of such disorders. The importance of morale is stressed.

Anxiety, break-down of morale, and fatigue and the control of these factors are discussed in the three remaining chapters, with the objective of enabling civilian defense workers to understand human reactions and to deal efficiently with groups of people.

RURAL YOUTH'S PART IN WAR TIME, prepared for the American Youth Commission of the American Council on Education (744 Jackson Place, Washington, 1942. 8 pp.). Suggestions are given for activities which rural youth in all communities can undertake as individuals and as a group.

The Home-Delivery Service

A Survey Made in 15 Medical Schools

By A. W. Makepeace, M. D.[1]

In many medical schools students receive part of their training in obstetrics and take their first responsibility as practicing physicians while assigned to the home-delivery service. The object of such a service is to offer training and experience in obstetrics, and in some schools in which the hospital obstetric service connected with the school is inadequate, to permit students to meet the requirements for graduation. In addition, obstetric service is made available to women who cannot otherwise obtain it.

In order to obtain information in regard to the training of medical students in home-delivery services and the quality of the care rendered to the women delivered, the Children's Bureau engaged the services of an obstetrician—the author of this paper—to make a survey of such services in 15 medical schools for white students.[2] Most of these schools are in the southern part of the United States. The following information is a condensation of the report made to the Children's Bureau, United States Department of Labor.

Preliminary Instruction of Students.

In all the 15 schools visited, the students, before assignment to the home-delivery service, received instruction in basic normal obstetrics. The extent to which this basic knowledge was later amplified and supplemented by practical instruction and experience varied considerably.

In all the schools the students served in the prenatal clinic either before or during assignment to the home-delivery service. The student was usually instructed in prenatal care by the resident or one of the staff men; in one school, however, there was no organized instruction. As a rule at the prenatal clinic visit the form was filled in by the student and was checked by an interne or higher staff member. In at least three of the schools the clinic records were not available at the time of delivery.

Selection of Patients.

It is obviously desirable to select, from the women who wish to be delivered at home, those who will not present an obstetric risk and whose homes will not be too unsuitable as places in which to conduct the delivery.

The wisdom of the decision as to which patients are least likely to present an obstetric risk, of course, depends on the ability of the physician who makes it or guides the student in making it. In the schools visited the patient generally considered acceptable for home delivery was a healthy normal multigravida, though, in some, primigravidae also were accepted (table 1). In only 10 of the 15 schools was the home investigated to determine its suitability as a place for delivery. The investigations were usually made by a public-health nurse.

Table 1.—*Selection of patients for delivery in the home*

School	Type of patient accepted for delivery in home	Home investigated as to suitability for home delivery
A	Normal multiparae	Yes
B	All except major abnormalities	No
C	Normal only	Yes
D	Normal only	No
E	Normal multiparae	Yes
F	Normal, principally multiparae	Yes
G	Normal only	Yes
H	Variable, depending on number of beds available in hospital.	No
I	Normal multiparae, including breech presentation.	Yes
J	Normal only	No
K	Normal multiparae only	Yes
L	Normal, and multiparous breech presentation and mild toxemias.	Yes
M	Normal only	No
N	Normal only	Yes
O	Normal multiparae	Yes

Procedure in Answering Calls.

The schools differed in their procedure when the patient called for assistance. Students answered the call either alone or in pairs; with

[1] Formerly Instructor in Obstetrics and Gynecology, University of Pennsylvania School of Medicine; now Consultant in Obstetrics, North Carolina State Board of Health, and Professor of Obstetrics, School of Public Health, University of North Carolina, Chapel Hill, N. C.

[2] Includes one school that accepts Negro students.

or without nursing aid; and with or without medical supervision.

The promptness with which the call can be responded to is, of course, important, and when the students live elsewhere than at the hospital there may be delay in notification. The students lived at home in 8 of the schools, and at the hospital or clinic in 7. Transportation to the patient's home was the student's problem in all but 4 of the 15 institutions.

Supervision of Students and Caliber of Medical Care.

The degree of responsibility the student had to take during the labor and delivery varied in different schools from zero to 100 percent. In 2 schools no physician ever accompanied the student, even for his first delivery, unless the student requested it. In these schools the new student was initiated into the technique of home delivery by a student who was a member of the preceding group of students on this service. On the other hand there were 3 schools in which an interne, a resident, or a fellow in obstetrics attended all deliveries by students and was said to have been present during 40 to 70 percent of the labor period as well. The practice in the remaining 10 schools was for a resident, an assistant resident, or an interne to supervise the student's first delivery and occasionally the second one, and thereafter to go to a home only upon request (table 2).

It is obvious that the caliber of the medical care given by students will vary with the amount of supervision and consultation. In some of the schools the supervision and consultation seemed adequate. In others, however, it was woefully lacking, and the results were apparent in the caliber of the care. For example, in 7 schools the blood pressure was not taken routinely during labor (table 3). Again, although an inhalation anesthetic was given to many patients, the possibility of a recent or current upper respiratory infection was ignored in 7 of the schools, no attempt being made to question or examine the patient with this in mind. The technique at delivery frequently had glaring defects. At one school there was no preparation of the hands of the accoucheur except the use of dry sterile gloves. In another, patients were not shaved, not because of insufficient time but because of established policy. All variations of policy with regard to use of gowns and masks were in force: in 7 of the schools gowns and masks were used; in 3, gowns but no masks; in 2, masks but no gowns. In 3, neither were used.

Nursing Care at Delivery.

The policy with regard to nursing care at delivery also varied. A nurse was required to be present to assist at the delivery in only 7 of the 15 schools (table 2).

Medical Care During Puerperium.

The work of the students during the immediate puerperium was characterized in nearly every school by the casual care given the newborn infant in respect to general physical condition, heat conservation, and later nutritional needs. The later puerperium was handled in about the same way in all the schools as to quality of care, but with marked differences in the quantity. In four clinics a daily call was made for at least the first 8 days; in eight clinics the minimum was five calls, and in the remaining three clinics four or fewer calls were made (table 3).

TABLE 2.—*Preliminary education of student and supervision during home-delivery service*

School	Attendance at lectures on obstetrics	Hospital deliveries		Home-delivery demonstration	Attendance at clinics [1]		Who assists students in the home				
		Attendance at	Participation in		Prenatal	Postnatal	Physician			Other student (routine)	Nurse
							Always	First few cases only	Only when called		
A	Yes	Yes	No	No	Yes	Yes		Yes		Yes	No
B	Yes	Yes		No	Yes	Yes		Yes		Yes	No
C	Yes	Yes	Yes		Yes	Yes			Yes	No [2]	No
D	Yes	Yes	No	Yes	Yes	No		Yes		No	No
E	Yes	Yes	No		Yes	Yes		Yes		No	Yes
F	Yes	Yes	Yes	No	Yes	Yes	Yes			No	Yes
G	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes
H	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes	No
I	Yes	Yes	No	No	Yes	Yes		Yes		Yes	No
J	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes
K	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes
L	Yes	Yes	Yes	No	Yes	Yes	Yes			No	Yes
M	Yes	Yes	No	No	Yes	No	Yes			Yes	No
N	Yes	Yes	Yes	No	Yes	Yes			Yes	No [2]	Yes
O	Yes	Yes	Yes	No	Yes	No		Yes		Yes	No

[1] Attendance is always before student goes on home-delivery service or while he is on home-delivery service.
[2] Student from preceding group on first case only.

TABLE 3.—*Conduct of labor, delivery, and puerperium*

School	Physical examination of patient at time of delivery			Inhalation anesthesia		Preparation of patient				Preparation of student			Medical care during puerperium			Morbidity and mortality records kept
	Heart	Lungs	Blood pressure	Routine	Occasional	Enema	Shave	Soap scrub and antiseptic	Adequate draping	Gowns	Masks	Scrub-up	Daily visits, 8 or more	5 to 8 visits	4 visits or less	
A	Yes	Yes	Yes		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		Yes		Yes
B	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes
C	Yes	No	Yes		Yes	No	No	Yes	No	No	No	No			Yes	Yes
D	Yes	Yes	Yes		Yes	No	Yes	Yes	No	Yes	No	Yes		Yes		No
E	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		No
F	No	No	Yes		Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes			Yes
G	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes			Yes
H	Yes	Yes	No	Yes		Yes	Yes	Yes	No	Yes	Yes	Yes			Yes	No
I	Yes	Yes	No		No	Yes	Yes	No	No	No	No	Yes	Yes			No
J	No	No	Yes	Yes		No	Yes	Yes	No	Yes	Yes	Yes			Yes	No
K	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes	No	Yes		Yes		No
L	No	No	No	Yes		Yes	Yes	Yes	No	No	Yes	Yes		Yes		Yes
M	Yes	Yes	No	Yes		Yes	Yes	Yes	No	No	No	Yes		Yes		Yes
N	No	No	No	Yes		Yes	Yes	Yes	No	Yes	No	Yes	Yes			Yes
O	No	No	No		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		Yes		No

Morbidity and Mortality Records.

In order to assess the value of a home-delivery service it is necessary to keep accurate records of the maternal, fetal, and neonatal morbidity and mortality. These data were recorded in only 8 of the 15 institutions visited. In the other 7 the records were very incomplete; and in a few of these, it was not even possible to learn the number of maternal deaths during the preceding year (table 3).

Discussion.

It is clear from the findings of this survey that many of these medical schools were not giving proper training in obstetrics to the students, nor were they affording proper medical care to the women they attended.[3]

Miller [4] has included home-delivery services among his examples in "The Perpetuation of Error in Obstetrics and Gynecology." He points out that "Obstetric care based on present-day standards requires a surgical environment and equipment, adequate assistance, and mature obstetric judgment. These things cannot be obtained or maintained cheaply."

He states further:

> I recognize that home delivery will remain a necessity for many years to come. Indeed, in some communities we may never get entirely away from it. In decrying this traditional method, in urging a newer and higher standard of obstetric care based on modern physical and scientific possibilities, I am not overlooking the fact that in the sparsely populated, rugged country of the frontier mother and among the extremely poor, especially in the rural areas of the South where there are neither hospitals nor good roads, the problem is indeed a real one. Much has been accomplished in these areas. More will be done in the future. But the fact that newer standards may not now appear attainable in these areas should not deter us from seeking the best for the parturient woman. The handicapped communities need our understanding and help, but they should not set the standard of quality for obstetric practice. Of course patients can be delivered in the home, and safely too, provided the necessary skill and equipment are made available.

Medical schools must recognize a responsibility to the physicians in training and to the women they will attend. Students assigned to home-delivery service are receiving their first practical obstetric training. For a school to have this take place under the worst possible circumstances, with a minimum of equipment, inadequate facilities for efficiently carrying out good aseptic technique, and little or no supervision at any time seems nothing short of criminal. The acquisition of experience and self-confidence is desirable *in its place* but *not* in the preliminary instruction of students in the art of obstetrics. Is it any wonder that almost all physicians have a false feeling of confidence that they are perfectly able to deliver almost any woman? If they were permitted to do so as third- and fourth-year students, certainly when they become licensed to practice medicine they will have every reason to feel that they are still able to do so.

Another aspect of the situation is equally bad. The student first learns not a good, thorough technique, but how to cut corners. He does things he would not be permitted to do in a hospital delivery room. This would be quite all right for a trained obstetrician who knows what the essentials are and what can be safely dispensed with. The third- or fourth-year student, however, has neither the judgment nor the knowledge needed to make such decisions.

[3] In some of the schools plans were being made to improve the service at the time this survey was made.

[4] Miller, Norman F.: The Perpetuation of Error in Obstetrics and Gynecology. *Journal of American Medical Association,* Vol. 117, No. 11 (September 13, 1941), p. 906.

It is obvious that there is now and will be for some time to come need for delivery service in the home. This should be conducted by trained obstetricians or by properly qualified and supervised nurse midwives.

If in some medical schools home-delivery service, in addition to hospital experience, is considered by the authorities of the school to be necessary for the adequate training of medical students in obstetrics, then—

1. The service should be so conducted that the standards for care are on a level with those maintained in the hospital connected with the medical school. In order that the standards may be maintained, there should be:

a. Careful selection of cases for home-delivery service, based partly on inspection of the home.
b. Supervision of labor and delivery by members of the obstetric staff.
c. Conduct of labor and delivery with aseptic technique.
d. Qualified nursing assistance at the time of labor and delivery.
e. Qualified medical and nursing care of mother and infant in the puerperium.
f. Records of morbidity and mortality among mothers and infants, adequate to demonstrate the results of the service.

2. The area covered by the service should be near enough to a hospital with a specialized obstetric service to provide for hospital care in all emergencies.

How long it will continue to be necessary to train physicians to conduct deliveries in the home is a matter for speculation. Obviously, the ultimate objective of every community should be to have all maternity patients delivered in hospitals maintaining approved standards for the care of maternity patients, by—or under the supervision of—physicians trained in obstetrics. Only when this is done can all maternity patients and their infants receive the full benefit of the knowledge available concerning the conduct of labor, the puerperium, and the care of newborn infants. Until it is possible to reach this objective, many deliveries will take place in the patient's home and medical schools must continue to give the best instruction possible on the conduct of home deliveries.

Planning for Care of Children After Evacuation[1]

By Martha M. Eliot, M. D., *Associate Chief, Children's Bureau, and* Katherine Bain, M. D., *Director, Division of Research in Child Development*

Withdrawal from danger is a natural action and in no way represents cowardice. For people to wish to protect the lives and well-being of children is a normal, human reaction. So, as danger approaches a city or a country, it is not remarkable that plans should be made to remove civilians who are not essential for the life of the community from danger zones if the military situation warrants it. Pregnant women, children, the aged, sick, and infirm not only are nonessential to the life of a city under bombing, but hamper efforts for its protection by the use of its personnel and supplies. If bombing comes or is imminent, it is inevitable that some parents will send their children to a safe place, if such can be found, to save their lives and spare them unnecessary shock. They will even prefer that their children suffer the risks and insecurity associated with separation from family to the danger of destruction from bombs. Many others will also wish to send their children away, but cannot, either because they lack funds or because they do not know how to proceed. To these the government has a responsibility. Evacuation, whether of all citizens or of special groups, whether from a large area or from a small community, falls within the province of the government.

Movement of people is but one small phase of the problem, and long-continued care may be needed. The regulation and financing of such a scheme are beyond the ability of a private organization or of any one community. But of even greater importance is the fact that in any country movement of people may take place across boundary lines of political units within the country, and perhaps even across national boundaries. Where people may go and where they may be cared for satisfactorily cannot be decided by each city or community for its own citizens, else competition or chaos results. Overall planning by the government or governments involved is essential for fairness to all.

The administrative machinery for an evacuation obviously will vary with circumstances and probably will not be alike in any two countries. To simplify operation, to prevent conflict and overlapping, and to strengthen permanent services, it is probably advisable that administration of evacuation and care as far as possible be through existing public agencies. Certainly

[1] Second part of paper presented at Eighth Pan American Child Congress, Washington, D. C., May 2–9, 1942. The first part appeared in *The Child*, July 1942, under the title, "Protection of Children in Danger Zones."

the closest cooperation should be maintained between those in charge of evacuation and those responsible for providing health, welfare, and education facilities for children.

To many, the major part of an evacuation is thought to be the removal of persons from a danger zone. Actual physical transfer, though requiring planning and skill, is a minor aspect of the problem. The heart and core of evacuation is the placement and continuing care of the evacuees. The success of evacuation depends to a minor degree only on the perfection of details of transportation, but to a major degree on planning and preparation in the reception area.

Selection of Reception Areas.

One of the first steps in planning for care after evacuation is the selection of suitable reception areas. It is the province of the military authorities to designate the areas considered relatively safe, but it must be remembered that the military situation changes. Areas first used as reception areas in England later became areas to be evacuated. Within areas judged to be relatively safe, districts suitable for reception of evacuees must be selected. Such a selection is based on a survey, or on an accumulation of data, relating to means of transportation; food supply; amount and suitability of housing; sanitary conditions; climate, health, and education facilities; and many other factors. If a district is basically suitable, services to meet the needs of the increased population can be supplied. It would be impossible, however, at a time when every effort must be made toward defeating an enemy, to undertake enterprises which require large amounts of construction in isolated places. On the other hand, if enough time can be had for preparation much can be done toward improving conditions in less favored communities, thus providing for evacuation and at the same time raising the level of living of a part of the population.

Principles of Placement and Care.

Care of evacuees consists primarily in careful placement, continuing supervision and care, and provision for health, education, and recreation services.

In any removal of population groups the greatest danger to children lies in the break-up of family ties. So long as family unity can be maintained, the adjustment of evacuees to a new environment will be less difficult. These are situations in which complete families may be moved, as when all civilians must leave the neighborhood of a military objective, but usually the men will be engaged in war activity which precludes their removal. At times, too, the women may be essential to war effort, and children must go unaccompanied by their parents. Following the principle of keeping relatives, neighbors, and friends together will increase the evacuee's sense of security.

Accommodations should be supplied in reception areas for family groups maintaining their own home life, for group care of children, and for individual placement in private homes. In addition there will need to be temporary quarters, where new arrivals can be accommodated until placement can be made. Established standards for group care and for foster-home placement should be maintained, though it is recognized that modifications will be necessary to meet the situation. Trained personnel is nowhere available to meet the entire need. This is as true in the field of health and medical care as of social service. Partly trained persons, working under the supervision of professional personnel, may be utilized to carry the mass of the work.

Supply of Personnel.

The recruitment and training of personnel should be part of the planning and preparation for care. A careful survey of professional and semiprofessional workers in the reception area and of those available for transfer from the evacuation area is an early step in planning. Consideration must be given to the needs of persons remaining in danger zones, and the most efficient use of personnel determined. Those in charge of evacuation should know what personnel is available in the fields of social service, health, medical care, education (including nursery education), and recreation. Where shortages are apparent, training should be undertaken. Continuation of professional training in all of these fields should be encouraged. Short "refresher" courses for persons trained but inactive should be instituted, as well as courses designed to train "aides" to professional workers.

Welfare Services.

The adjustment of the newcomers to strange surroundings, to a different mode of living, often to a different family group, and their integration into the life of the community will be facilitated if enough social workers are available to give information, advice, and consultation, and to help in community planning for the additional facilities needed. Children in foster homes must have adequate supervision, for the adjustment to a new group is not an easy one. Emotional disturbances and behavior problems may make their appearance as a result of loss of

family security. In many instances replacement may be necessary in order to secure a satisfactory environment for the child.

Health and Medical Care.

The needs of evacuated children for health services and medical care are basically the same as the needs of all children. If planning has been adequate and time has permitted good preparation, children reaching reception areas should be in satisfactory condition, with major defects corrected and immunization against contagious diseases completed. Their need will be for continuing care. If preparation is less adequate, examinations, necessary treatment, and immunizations should be provided for in the reception area as soon after arrival as possible. Many of the communities to which children may be transferred are less well supplied with public-health services and with good medical care than the areas from which the children have come. Increased population puts a greater strain on the sanitary facilities in a district. Adequate safe water and milk supply must be assured. Disposal of refuse and control of mosquitoes are a part of the health program. Planning for care of evacuated children must include provision for expansion of existing services in reception areas and supplementation where services are inadequate. Child-health conferences, prenatal clinics, school medical programs, and public-health nursing should be provided.

To furnish adequate medical care in most situations physicians and nurses will have to be transferred from evacuation to reception areas. This allocation of medical personnel is part of the over-all planning. Hospital beds for children should be available, and also consultation service by physicians especially trained in the care of children.

If hospitals are at a distance or not sufficient in number, small infirmaries should be planned to accommodate cases of minor illness. This will relieve the householders in whose charge the children are from assuming care for children who must be put to bed even though not seriously ill.

Handicapped children, such as the blind, deaf, defective, or crippled, may need care in groups or in private homes. Many will need special medical care. For the emotionally disturbed child, it may be necessary to provide special group accommodation and psychiatric treatment.

The type of maternity care which should be provided depends somewhat on the type to which the evacuees are accustomed. Whether delivery in hospital or home, by physician or midwife is contemplated, service of good quality should be planned. Better service to all may be provided if maternity cases are concentrated in certain selected areas which are specially equipped and staffed for obstetric care.

Education Services.

One of the stabilizing factors in the child's life is his education, which must continue with as little interruption as possible. Planning for care of evacuees should include provision for expanding local education services with personnel and equipment. In principle it seems inadvisable to set up a separate educational organization for evacuees. Local services should be shared, and should be increased to meet the increased demand. In many instances it may be difficult to provide the same standard of instruction which prevailed in the home city, but the increase in knowledge obtained through new surroundings may compensate.

Helping Evacuees to Adjust.

In all planning for evacuation it is necessary to see that the evacuees are comfortable and happy. In carrying out placement, religious preference should be respected. Provision for community feeding centers, nurseries, clubs, and recreation groups not only will supply outlets for children's needs, but will relieve the strain on overburdened adults, whether parents or foster parents. Some tension is inevitable between host and guest. All measures to relieve such tension will enhance the success of evacuation, for unhappy, discontented evacuees, unless under military compulsion, will return if possible to their homes in the danger area. Fire and destruction at home are preferable to safe, but strange and hostile, surroundings.

Because evacuation is temporary, it is essential that home ties be kept as strong as possible. Though making an adjustment to a new group, the evacuated child must nevertheless retain contact with his parents and home in order that his later return may be facilitated. Communication and visiting by parents should be encouraged and made possible. The evacuated child needs especially to be assured of the safety and well-being of his family at short intervals. This is particularly true of the child who has experienced bombing.

Standards and Goals.

Any country planning for care of evacuated persons should adopt standards and procedures applicable to all and should endeavor to hold tenaciously to such standards of care. The evacuee is an evacuee through no fault of his own. His part in the tragedy of modern warfare is not of his choosing, and he should not be

penalized for the role he is chosen to play. Especially should he not be separated from all members of his family if maintenance of the group or part of the group is possible.

Planning for care of evacuated children should not be delayed until danger is here. Satisfactory plans require time to be perfected and cannot be thrown together hastily. That preparations are made does not mean that evacuation inevitably follows. It should certainly not be undertaken unless there is real necessity. No one wants to evacuate children needlessly, but to shut one's eyes to the possibility is foolish; to be caught without a plan for orderly procedure is to risk the chance of panic and the lives of children and other civilians unnecessarily.

Even though evacuation never takes place, preparatory steps need not be wasted, for essentially all preparation is aimed to increase basic services and add to the health and welfare of the people.

BOOK NOTES

The Food and Nutrition of Industrial Workers in Wartime. First report of the Committee on Nutrition in Industry. National Research Council, Reprint and Circular Series No. 110, Washington, April 1942. 17 pp.

This first published report of the Committee on Nutrition in Industry reviews the nutritional needs of workers in war industries and the extent to which these needs are being met in large industrial concerns visited by a member of the committee during the summer of 1941. Four major causes of nutritional inadequacy are listed by the committee: Poor food habits; poor food service in the plants, the homes, and the community eating places; economic insufficiency, and metabolic stress. The committee recommends that nutritious foods at prices the workers can afford be made available in plants in the form of meals and between-meal snacks. An educational program should be undertaken to help the workers in food selection. The influence of diet and nutrition on health and efficiency of industrial workers should be studied under controlled conditions.

Food Values in Shares and Weights, by Clara Mae Taylor. Macmillan Co., New York, 1942. 92 pp. $1.50.

Data on the amount of essential nutrients in household measures of most of the common foods in the American diet are presented in two tables. The first table expresses food values in terms of the "shares" that the late Professor Mary Swartz Rose and Miss Taylor have used successfully in teaching the nutritive values of foods. The second table gives the values of the same foods in terms of actual weights of each of the essential nutrients. Values are given for foods as prepared for the table. The tables include not only the most widely used individual foods but also foods as combined in recipes.

Solving School Health Problems, by Dorothy B. Nyswander. Commonwealth Fund, New York, 1942. 377 pp. $2.

A 4-year intensive study of school health service in New York City was ended in June 1940. This work, following a series of closely related studies that have been made throughout the country in the past 15 years, culminated in a practical application of the experiences and conclusions of the studies.

The purpose of the experiment in New York City was to find out how to use organized effort most effectively to improve the health of school children. The plan of the study in New York City is described, the problems of administration of school health service are set forth, and the functions of the Board of Education, the Department of Health, teachers, school physicians, nurses and dentists, private physicians, and parents are analyzed. In the appendix the medical card, pupil health card, and report forms and letters are described, procedures used in heart examinations are outlined, and suggested tasks for clerical workers are listed.

In this critical time, when the health of children is of vital importance, those responsible for school health service throughout the country will find information and suggestions in this book that will be helpful in the administration of their services.

The Modern Attack on Tuberculosis, by Henry D. Chadwick, M. D., and Alton S. Pope, M. D. Commonwealth Fund, New York, 1942. 95 pp. $1.

The purpose of the authors is to give a comprehensive view of tuberculosis control in the community that will be useful particularly to the health officer and administrator. "The rational hope for the eradication of tuberculosis depends upon successful application of known methods of prevention."

The epidemiological aspects of tuberculosis are stressed as essential in planning an effective control program. The failure to consider tuberculosis as a communicable disease has retarded its control; the reporting of cases is still grossly inadequate in many States. Morbidity and mortality rates from tuberculosis by age and sex, infection, and the ratio between cases and deaths are fully discussed in view of recent studies. The fact that only 10 to 15 percent of all cases admitted to sanatoria are in the minimal stage indicates the need for case-finding programs. Under predisposing factors are discussed war, diabetes, pregnancy, and certain occupations.

Diagnostic procedures, the sanatorium, the importance of a central file of tuberculosis cases, a practical method of clinic follow-up of contacts, population groups in whom the incidence of tuberculosis is greatest, are among the topics discussed. A community plan for eradication of tuberculosis is outlined.

NOTICE

The Children's Bureau has available a new supply of plans for building two types of incubators and a carrier for premature babies, which were prepared by the National Youth Administration and the Children's Bureau.

If copies have been requested and have not been received an order sent now to the Children's Bureau, United States Department of Labor, will be filled promptly.

New Child-Labor Laws in Louisiana and Puerto Rico

Although only a few legislatures were in regular session in 1942, two jurisdictions—Louisiana and Puerto Rico—enacted legislation which materially improved their child-labor laws.

Louisiana.—The new Louisiana law (Act No. 341) was approved by the Governor on July 17, 1942. Louisiana has now become the fifteenth State to establish a basic 16-year minimum age for employment. This minimum age applies to employment in manufacturing occupations at any time and also to any gainful occupation during school hours, except in agriculture and domestic service, which are exempted from all the provisions of the act. Children may work outside school hours and during school vacations in nonfactory or nonhazardous work at the age of 14, and as golf caddies at 12 years of age.

Employment certificates are now required for minors up to the age of 18 years, instead of 16. Vacation permits are required for minors under 16, and age certificates are to be issued upon request for minors between 18 and 21.

The hours-of-work and night-work standards have been strengthened for minors under 18 years of age, for whom an 8-hour day, 44-hour week, and 6-day week are established. Girls under 18 and boys under 16 may not work between 7 p. m. and 6 a. m.; and boys between 16 and 18, not formerly covered as to night work, are prohibited from working between 10 p. m. and 6 a. m.

For the first time in its history, Louisiana specifically regulates the employment of children in street trades. The new act sets a minimum age of 14 years for boys and 18 for girls in such work and prohibits boys under 16 from working between 7 p. m. and 4:30 a. m., except that from April 1 to September 30 they may work until 8 p. m. Permits are required for boys between 14 and 16 years of age.

The act prohibits the employment of minors under 18 in a considerable number of hazardous occupations, including some occupations declared hazardous for minors 16 and 17 years of age by the Chief of the Children's Bureau under the Fair Labor Standards Act. The commissioner of labor is given power to declare other occupations hazardous for minors under 18.

Louisiana also amended its law relating to the use of children in public performances (Act No. 155).

Puerto Rico.—The new Puerto Rico law (Act No. 230, approved May 12, 1942) is similar to the Louisiana act in many respects, and like the Louisiana law, meets the child-labor standards of the most progressive States. In addition, the Puerto Rico act raises the upper age limit for compulsory school attendance from 14 to 16 years of age.

A minimum age of 16 is established for employment in specified occupations during school hours and in factory work at any time. Certain nonprohibited work is allowed at the age of 14 years outside school hours. Unlike the Louisiana act, the Puerto Rico law specifically covers agriculture, the specified minimum ages applying to "agricultural tasks."

The hours and night-work standards are improved. A 40-hour week, 8-hour day, and 6-day week are established for minors under 18. Children under 16 may not work between 6 p. m. and 8 a. m., and minors between 16 and 18 are prohibited from working between 10 p. m. and 6 a. m. Exemptions are allowed under certain conditions for minors between 14 and 18 years in concerts or theatrical shows.

Employment certificates are now required for minors up to 18 years of age, instead of 16 as formerly. Provision is made also for the issuance, upon request, of age certificates for minors 18 or over, instead of for minors 16 or over.

Under this act Puerto Rico has also established standards for working in street trades, which is called "peddling." The minimum age for such work is set at 14 years for boys and 18 for girls, a special permit being required for children between 14 and 16 for peddling outside class hours. Such children are subject to the maximum-hours provision for work in any gainful occupation. Night work is prohibited for peddlers 14 to 16 years of age between 7 p. m. and 6 a. m. Minors between 16 and 18 must follow the same night-work standards as all other minors of these ages.

A considerable number of hazardous occupations are prohibited for minors under 18 years. The Insular Industrial Safety Board is given power to declare other occupations hazardous. Several of the occupations prohibited for minors under 18 are similar to those designated as hazardous for minors 16 and 17 years of age by the Chief of the Children's Bureau under the Fair Labor Standards Act.

• EVENTS OF CURRENT INTEREST •

Day Care in the News

The Children's Bureau has set up a Day Care Unit in the Child Welfare Division with planning for the provision of day-care services for children of working mothers as its function. Mrs. Hazel A. Fredericksen has charge of the unit.

* * *

At a meeting of the War Manpower Commission on July 8, 1942, the problem of day care for children of working mothers was considered and the relationship between this program and the labor supply was recognized.

* * *

In order to develop an integrated program for the care of children of working mothers during the war period and to relate this program to the problem of labor supply through the War Manpower Commission, the Office of Defense Health and Welfare Services has established a day-care section and placed Charles I. Schottland, Assistant to the Chief of the Children's Bureau, at its head. Federal agencies interested in the provision of day-care services are, in addition to the War Manpower Commission and the Children's Bureau, the Office of Education of the Federal Security Agency, the Work Projects Administration of the Federal Works Agency, the National Housing Agency, the Farm Security Administration, the United States Employment Service, the Recreation Division of the Office of Defense Health and Welfare Services, and the Bureau of Public Assistance of the Social Security Board.

* * *

Charles P. Taft, Assistant Director of the Office of Defense Health and Welfare Services, Katharine F. Lenroot, and Mrs. Eugene Meyer took part in a discussion of the Federal program for day care of children of working mothers that was broadcast by the Columbia Broadcasting System August 25 at 10:30 p. m.

CONFERENCE CALENDAR

Sept. 28–Oct. 2	National Recreation Association. War Recreation Congress. Cincinnati. Information: T. E. Rivers, National Recreation Association, 315 Fourth Avenue, New York.
Oct. 6–8	National Safety Council. Thirty-first National Safety Congress, Chicago. Permanent headquarters: 20 North Wacker Drive, Chicago.
Oct. 12–16	American Hospital Association, St. Louis. Permanent headquarters: 18 East Division Street, Chicago.
Oct. 18–21	National League to Promote School Attendance, Rochester, N. Y. Information from C. L. Mosher, 710 Eighteenth Street, Santa Monica, Calif.
Oct. 19–23	National Probation Association, Asheville, N. C. Permanent headquarters: 1790 Broadway, New York.
Oct. 27–30	American Public Health Association. Seventy-first annual meeting, St. Louis. Permanent headquarters: 1790 Broadway, New York.
Nov. 8–14	American Education Week. General theme: Education for Free Men. Sponsored by National Education Association, 1201 Sixteenth Street, NW., Washington.
Nov. 15–21	Children's Book Week. A Nation-wide cooperative program shared by educators, librarians, scout leaders, booksellers, and publishers. Poster and information from Book Week Headquarters, 62 West Forty-fifth Street, New York.
Nov. 4–7	American Academy of Pediatrics. Chicago. Secretary: Dr. Clifford G. Grulee, 636 Church St., Evanston, Ill.
Nov. 10–12	Southern Medical Association. Thirty-sixth annual meeting, Richmond. Secretary: C. P. Loranz, Empire Building, Birmingham, Ala.

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS
OCT 19 1942

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

For Our Children In Wartime

A Program of State Action Adopted August 28, 1942

By the Children's Bureau Commission on Children in Wartime in consultation with the Office of Defense Health and Welfare Services and the Office of Civilian Defense

CHILDREN are the strength of the Nation. In war as in peace, their welfare is of primary importance to the Nation, to States, to local communities, and above all, to parents.

Certain Nation-wide needs must be met through Nation-wide action, with the participation of Federal, State, and local governments and citizens' groups. Upon the States rests the chief responsibility for the provision of legal safeguards and administrative measures necessary to assure security and opportunity for every child.

The Children's Charter in Wartime calls upon all citizens as a wartime responsibility to guard children from injury in danger zones; to protect children from neglect, exploitation, and undue strain in defense areas; to strengthen the home life of children whose parents are mobilized for war or war production; and to conserve, equip, and free children to take their part in democracy.

The same emergency needs do not exist in every State or in all communities of the same State. One State or community must give first attention to protection of children in danger zones and advance planning for evacuation; in another, day care of children of mothers employed in war industries may be the most urgent immediate need; and in another, the welfare of children in "boom" towns and trailer camps. The specific aspects of child life most in need of attention under wartime conditions must be determined State by State and community by community.

Certain problems, however, are so closely related to the war situation that Nation-wide measures are required, developed through State and local action, with Federal participation when necessary.

A. THE PROGRAM

In every State a program of action FOR OUR CHILDREN IN WARTIME should include measures which will assure:

1. Health service and medical and dental care for mothers and for children, including boys and girls in the age groups that may soon be called upon for war production or military service, with special provision as needed for wives and children of service men and war workers. These services should be so organized as to overcome or compensate for overcrowding of existing health facilities, shortages in medical and nursing personnel, and difficulties in transportation.

2. Adequate nourishing food for all children during the period of rising costs of living and rationing of food supplies, through such means as nutrition education, school lunches, and low-cost milk.

3. Protection of children in danger zones, including provision for their safety in the event of enemy attack; measures for emergency care following attack; and preparation through officially established evacuation authorities for evacuation and reception care, if necessary.

4. Day care for children of mothers whose employment is essential to the war program.

5. Special assistance programs as required to meet wartime needs of children in their own homes, and adjustment of public-assistance measures to meet problems due to rising cost of living, migration, and separation of families.

6. Community child-welfare and other social services that will conserve home life for children and safeguard them from neglect and juvenile delinquency resulting from wartime conditions and provide appropriate care for unmarried mothers and their children.

7. Adequate provision for the care of children who because of war conditions must be separated from their families.

8. Opportunities for recreation and other experiences in home and community life that will help children overcome wartime strain and insecurity; and provision for mental-health services to help children and parents make the adjustments required by war conditions.

9. Full school attendance and school opportunity for every child, with particular emphasis on overcoming or compensating for shortages of schools and teachers where they exist, and with adjustments as necessary to conform with child-labor and youth-employment policies.

10. Meeting the manpower needs of the Nation for participation of young people in war production, having due regard for conservation of health and educational opportunity for youth and in accordance with the following principles:

(1) No child under 14 years of age a part of the hired labor force;

(2) None under 16 employed in manufacturing or mining occupations;

(3) None between 14 and 16 employed in other occupations that involve release from school or readjustment of school programs unless it has been determined that labor shortages cannot be met otherwise;

(4) Guidance of youth 16 to 18 years of age whose work is essential to the war effort into occupations suited to their age and capacity, in which they can make the greatest contribution with the least hazard to their own health and safety.

B. Procedure for Carrying out the Program

The following steps will be necessary to put into operation a program of action for our children in wartime.

I. *Organization.*

1. Fixing responsibility for planning, coordination, and leadership on some representative State group. Wherever practicable this group should be a committee or subcommittee of the council of defense, whose work should be properly related to the work of other defense council committees including those dealing with emergency and protective measures.

2. Inclusion in the State committee of representatives of State departments of welfare, health, education, and labor, and of State-wide organizations concerned with children; especially, representatives of active State White House Conference committees and other groups having a similarly broad purpose, with provision for full cooperation with such groups.

3. Organization of a representative local committee, when practicable as part of the local defense council.

II. *Putting the program into action.*

1. Review of wartime needs of children and existing resources for meeting those needs, with special consideration of the 10 points listed under section A.

2. Development of State and community services adequate to meet the wartime needs of children with such financial assistance from the State or the Federal Government as may be required. The following measures will be necessary to achieve this objective:

(*a*) State legislation as needed to provide an adequate legal basis for wartime services for children.

(*b*) Review of adequacy of funds available from Federal, State and local sources, public and private, and securing of such additional funds as may be required.

(*c*) Review of administrative and personnel problems of State and local agencies responsible for services to children and families, and support of plans for strengthening the work of these agencies and developing closer coordination of agency programs.

(*d*) Assistance in developing and carrying out plans for recruitment and training of additional personnel, both professional and volunteer, as required.

Conferences on the Handicapped and Their Problems

Resolutions of National Society for Crippled Children

According to an announcement in the July issue of the *Crippled Child Bulletin*, published by the National Society for Crippled Children, Elyria, Ohio, resolutions pertaining to services for crippled children during the present national emergency were passed at the national conference of the society held in Wilmington, Del., June 10–12, 1942. The resolutions dealt with phases of the work such as need for more effective coordination of efforts by all public and private agencies, crippled children moving across State lines, educational facilities and services for crippled children, problems related to transportation, shortages of professional personnel, and so forth.

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Action by Illinois Conference on Exceptional Children

To promote a wider understanding and resultant use of facilities now available in Illinois for all categories of exceptional children, to develop a closer working relationship among

the various agencies locally, and to provide an integrated picture of the unmet needs of handicapped children within the State were the goals of the Governor's Conference on Exceptional Children, held by the Illinois Commission for Handicapped Children in Chicago, June 15.

The term, "exceptional children," as used by the conference, includes physically handicapped, mentally retarded, and exceptionally gifted children, and children who are socially maladjusted.

The conference voted unanimously to create a citizens' committee to work with the commission and study the legislative proposals presented. Proceedings of the conference are to be published, and a copy may be obtained free by writing to the Commission for Handicapped Children, 211 West Wacker Drive, Chicago.

Workshop on Conservation of Human Resources in Wartime

A 2-day workshop conducted by the Hearing Clinic of the University of Southern California in Los Angeles, July 2 and 3, 1942, discussed wartime measures for conserving hearing as an important human resource. One of the panels was on safeguarding the hearing of preschool children. It was pointed out that complications after measles, whooping cough, meningitis, and other children's diseases often destroy or impair hearing and that loss of hearing is often discovered too late for complete cure. Services for hard-of-hearing children have not as yet been developed by State agencies administering programs for crippled children under the provisions of the Social Security Act.

BOOK NOTES

Juvenile Delinquency

Young People in the Courts of New York State. Legislative Document (1942) No. 55, Albany. April 1942. 309 pp.

The Children's Court Jurisdiction and Juvenile Delinquency Committee, in this report to the Legislature of the State of New York, submits its recommendations and the findings on which they are based. The committee recommends that the age jurisdiction of the children's court remain at its present level of 16 years, that youth courts be established in New York City for youthful offenders 16 to 19 years of age; and that in the other counties of the State the children's court judges be allowed to certify that the number of offenders 16 to 19 years of age is sufficient to merit the establishment of a youth court as a separate part of the children's court.

Report of Conference on Delinquency and Criminality. Department of Institutions, Sacramento, Calif., 1942. 76 pp. Processed.

The Conference of Committees of Superior Court Judges, Probation and Parole Officers, Youth Correction Authority, and the State Department of Institutions, called by the Governor of California, met in March 1942. The report contains a summary of findings, the papers presented with discussion, and an annotated bibliography.

Mental Hygiene

What Parents Are Saying in War Time, by Jean Schick Grossman. Play Schools Association, 1841 Broadway, New York. 1942. 28 pp. 20 cents.

Five discussions held under the leadership of the Play School Association by mothers' groups in New York are summarized in this booklet. The topics raised give a cross section of the problems worrying parents in wartime—physical safety of the family, the proper treatment of aliens, family morale, discipline—and the difficulties of explaining to children who have been taught to be decent and kind "that people are killing each other again, all over the world."

Corrective Treatment for Unadjusted Children, by Nahum E. Shoobs and George Goldberg. Harper & Bros., New York, 1942. 240 pp. $3.

In the words of the authors, "This book on mental hygiene from the viewpoint of individual psychology aims to help the teachers learn to prevent and to adjust personality disturbances, deficits, or inadequacies." The presentation of "common-sense principles," based largely on the philosophy of Dr. Alfred Adler, occupies the first half of the volume. The nature of personality, the significance of drives and goals for a child's behavior, and the role of the family in influencing behavior are discussed. One section is devoted to the technique of interviewing the child who is a problem in school.

The second half of the book is an elaboration of the Adlerian method of procedure used in treating unadjusted school children and is based on the experience of the authors. Full use is made of case histories and illustrations, the outline form of presentation, and summarizations.

General Child Welfare

Documentary Evidence of United States Citizenship. Hearings before the Committee on Immigration and Naturalization, House of Representatives, on bills providing for the issuance of documentary evidence of United States citizenship. Government Printing Office, Washington, 1942. 64 and 5 pp.

Federal Aid for Education; a review of pertinent facts. National Education Association, 1201 Sixteenth St. NW, Washington, June 1942. 32 pp. 25 cents.

Education for the Public Social Services; a report of the Study Committee, American Association of Schools of Social Work. University of North Carolina Press, Chapel Hill, N. C. 1942. 324 pp. $3.

The training needs of the social services established or expanded under the Social Security Act are analyzed and the role of the schools of social work in preparing personnel for these services is evaluated.

Special Consideration During Pregnancy

Increasing use of woman power in industry brings with it the necessity of protecting the health of women workers who are pregnant or who have recently become mothers, as well as of providing care for their children.

In the United States there is no Federal law requiring that provision be made for maternity care and leave for women workers. A few States have laws requiring that women workers be granted maternity leave for a specified period before and after childbirth. Rhode Island on April 29, 1942, passed a Cash Sickness Compensation Act, the effect of which in relation to maternity insurance is not yet clear.

In the absence of any Nation-wide law on the subject, the Children's Bureau and the Women's Bureau of the United States Department of Labor, in consultation with a group of persons that included industrial hygienists, obstetricians, and representatives of labor organizations and employers, have issued jointly under date of July 1942 a statement of Standards for Maternity Care and Employment of Mothers in Industry. These standards are intended to guide employers in providing for pregnant women and mothers in their employ such special consideration as is essential for their health.

It is believed that the provisions recommended are well within the reasonable performance of all employers. It is known that some employers are now making similar provisions.

The statement points out that the labor situation in this country does not necessitate the recruitment or employment of pregnant women or women with infants and that a woman who is expecting a child should give first consideration to her own health and to plans for safeguarding the health and care of the child. Nevertheless, some women who are pregnant or who have young children may find it necessary to work, and it is recognized that provisions for maternity care and leave should be made protecting the health of the mother and child without jeopardizing either the mother's job or her seniority status.

As the physical condition of pregnant women and the home duties performed outside of working hours vary widely, some individualization of arrangements is necessary, but a few general recommendations are given as a guide. It is recommended that the pregnant woman who works should have opportunity for adequate prenatal medical care; that she should not work on a night shift nor more than 8 hours a day or 48 hours a week at most; and that she should be given brief rest periods during working hours. A minimum of 6 weeks' leave before delivery and 2 months' leave after delivery is recommended, additional leave to be granted on presentation of a certificate from the attending physician in case of complications of pregnancy, delivery, or the postpartum period.

More detailed recommendations are given in regard to the types of work in which pregnant women should not be employed. Occupations that involve heavy lifting or other heavy work or continuous standing and moving about are undesirable. Occupations requiring a good sense of bodily balance and occupations involving accident risks, such as operating a punch press, are too hazardous for pregnant women. Exposure to specified toxic substances is considered extra hazardous during pregnancy, and it is stated that pregnant women should never be employed in any workroom where these substances are used or produced.

Copies of the statement, entitled "Standards for Maternity Care and Employment of Mothers in Industry," can be obtained from the Children's Bureau on request.

Policy of the War Manpower Commission

On Employment in Industry of Women with Young Children

The expansion of the war-production program, as well as the increasing requirements of our armed forces, necessitates the maximum utilization of our labor resources. In many areas the lack of adequate housing and transportation facilities compels full use of the local labor supply. These considerations make it necessary to employ large numbers of women in gainful

occupations useful to the war effort. Steps are already being taken to provide for the recruitment and training of additional women. Prospective war production schedules indicate that this program will have to be considerably expanded and intensified. In carrying out this program of utilization of women workers, it is important that to the maximum extent, normal family life be preserved and maintained.

To promote that end, and to promote the effective mobilization and maximum utilization of the Nation's manpower in the prosecution of the war, the War Manpower Commission hereby declares the following basic policies:

I. The first responsibility of women with young children, in war as in peace, is to give suitable care in their own homes to their children.

II. In order that established family life may not be unnecessarily disrupted, special efforts to secure the employment in industry of women with young children should be deferred until full use has been made of all other sources of labor supply.

III. Barriers against the employment of women with young children should not be set up by employers. The decision as to gainful employment should in all cases be an individual decision made by the woman herself in the light of the particular conditions prevailing in her home.

IV. Whenever it is found that women with young children are gainfully employed in essential activities, or that the labor requirements of essential activities have not been met after the exhaustion of all other sources of labor supply and that to meet such requirements women with young children must be recruited, it is essential that:

(*a*) Such women be employed at such hours and on such shifts as will cause the least disruption in their family life; and

(*b*) If any such women are unable to arrange for the satisfactory care of their children at home during their working hours, adequate facilities be provided for the day care of their children during working hours. Such facilities should be developed as community projects and not under the auspices of individual employers or employer groups.

Directive No. IX

To Certain Government Departments and Agencies, to Develop, Integrate, and Coordinate Federal Programs for the Day Care of Children of Working Mothers

By virtue of the authority vested in me as Chairman of the War Manpower Commission by Executive Order No. 9139, establishing the War Manpower Commission, and having found, after consultation with the members of the War Manpower Commission, that existing and anticipated requirements for workers in essential activities render necessary the employment of large numbers of women, that among such women may be found many mothers of young children, that no woman responsible for the care of young children should be encouraged or compelled to seek employment which deprives her children of her essential care until after all other sources of labor supply have been exhausted, but that if such women are employed, adequate provision for the care of such children will facilitate their employment, and that the measures hereinafter set forth will promote the effective mobilization and maximum utilization of the Nation's manpower in the prosecution of the war, it is hereby directed:

I. The Office of Defense Health and Welfare Services, in consultation with such departments and agencies of the Federal Government as it may deem appropriate, shall:

(*a*) Promote and coordinate the development of necessary programs for the day care of children of mothers employed in essential activities;

(*b*) Determine, either directly or through such Federal departments and agencies as it may designate, areas in which such programs of day care should be promoted, and the respective responsibilities of the Federal departments and agencies concerned in the development of such programs; and

(*c*) Take such action as may be necessary or appropriate to assure the effectuation of all such programs.

II. The United States Employment Service shall prepare, keep current and make available to the Office of Defense Health and Welfare Services, data reporting its best estimates with respect to the number of working mothers with young children, and the anticipated requirements of essential activities for the employment of such mothers, by periods and areas.

III. The Work Projects Administration in the Federal Works Agency, the Children's Bureau in the Department of Labor, the Office of Education in the Federal Security Agency, the

Bureau of Public Assistance in the Social Security Board in the Federal Security Agency, the Farm Security Administration in the Department of Agriculture, the Federal Public Housing Authority in the National Housing Agency and every other Federal department or agency carrying on child day-care programs or programs related thereto shall make available to the Office of Defense Health and Welfare Services reports with respect to such day-care programs or programs related thereto, carried on by such department or agency, and shall take such action as may be necessary or appropriate to insure the integration and coordination, through the Office of Defense Health and Welfare Services, of all Federal programs for the day care of children of working mothers and otherwise to carry out the purposes of this directive.

IV. This directive may be cited as the "Directive to Develop, Integrate, and Coordinate Federal Programs for the Day Care of Children of Working Mothers."

(s) PAUL V. MCNUTT
Chairman, War Manpower Commission.

August 12, 1942.

Funds for Day-Care Programs

On August 28, 1942, the President of the United States allocated from the Emergency Fund $400,000 to the Office of Defense Health and Welfare Services, Federal Security Agency, for the promotion and coordination of programs for the care of children of working mothers. These funds are to be expended for the purpose of furthering the objectives of Directive IX, issued by the Chairman of the War Manpower Commission.

The funds will be allocated to a limited number of States as grants-in-aid to be administered through the State department of welfare under plans approved by the Chief of the Children's Bureau or through the State department of education under plans approved by the United States Commissioner of Education. These funds are to be used for administrative services necessary for ascertaining needs, developing and coordinating day-care programs, and administering such programs on the State and local levels.

Grants will be made to the States only after the States have submitted plans showing that no other State or local funds are available for furthering the program.

Statements of policy and procedure are being prepared by the Day Care Unit of the Children's Bureau for the use of directors of State public-welfare departments. The services of child-welfare field consultants will be available for joint planning and for making application for allotments from these funds.

Better Parenthood Week

October 26–November 1

This is the fifth annual Better Parenthood Week sponsored by *Parents' Magazine* (52 Vanderbilt Ave., New York). It is suggested that ministers, public-health workers, educators, and other civic leaders cooperate in planning community programs stressing the significance of better parenthood.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Bills To Amend Title V of the Social Security Act

On the recommendation of President Roosevelt, identical bills have been introduced in the Senate and House to amend the Social Security Act for the purpose of authorizing during the period of the war and 6 months thereafter additional appropriations for grants to the States under title V, parts 1, 2, and 3 of the act. S. 2738 was introduced August 25, 1942, by Senator Barkley for Senator George, chairman of the Senate Finance Committee, and H. R. 7503 was introduced August 27 by Representative Doughton, chairman of the House Ways and Means Committee.

In his letter of August 22 [1] recommending this action, the President said:

> In the mobilization of the resources of the Nation for war, the special needs of mothers and children arising from war conditions must not be overlooked. In proportion as we safeguard children now—the children of our fighting men and of our war workers—we are building a Nation of strong and resourceful citizens capable of dealing with the problems with which we are confronted.
>
> Fortunately, encouraging progress has been made during the past 7 years in reducing maternal and infant mortality and improving the health and welfare of children. The cooperative programs carried on by the Children's Bureau and the State agencies of health and welfare in all the States under the Social Security Act have contributed greatly to these gains. However, the impact of war upon family life has created urgent needs which previously authorized Federal appropriations, combined with State and local funds, have not been able to meet.
>
> The legal basis for services for children contained in title V, parts 1, 2, and 3 of the Social Security Act, and the administrative foundations for such services developed in every State under the provisions of the act, are now available, but the funds authorized in this title are not sufficient to meet wartime needs. I recommend, therefore, an amendment which will authorize the appropriation of such additional sums as may be necessary to enable the Children's Bureau of the United States Department of Labor to cooperate with State agencies now administering maternal and child-health services, services for crippled children, and child-welfare services, in extending these programs to meet war conditions. It is estimated that the sum required for these purposes for the first year will not exceed $7,500,000.
>
> A draft of the proposed legislation is transmitted herewith. The provisions of the bill expire 6 months after the end of the present war, as is common with other wartime measures recently enacted by Congress. The draft bill maintains the normal procedure of allotting funds to the States provided by title V of the Social Security Act. However, all the additional sums authorized for maternal and child-health services and services for crippled children are to be allotted in accordance with the provisions of sections 502 (b) and 512 (b), namely, on the basis of the financial need of each State for assistance in carrying out its State plan for such services. To meet extraordinary wartime emergencies the bill also authorizes the Chief of the Children's Bureau to detail such personnel as may be necessary to cooperate with State agencies in carrying out the provisions of title V.
>
> I make these suggestions for Federal assistance to the States in full appreciation of the fact that the degree to which children are safeguarded in wartime depends chiefly upon the parents in our homes, the teachers in our schools, and the citizens of our communities. It is my hope that in making our supreme war effort, parents and citizens will be at all times on guard to see that children are safeguarded to the utmost from the dangers of wartime and equipped to use and to cherish the freedom which we shall make secure for them.

[1] Printed in *Congressional Record*, Vol. 88, No. 149 (August 25, 1942), p. 7182.

Maternal and Child Health in England

The maternity and child-welfare group of the Society of Medical Officers of Health (Great Britian) at its annual general meeting on July 3, 1942, presented an interim report on medical planning which is summarized in *The Lancet* (London) for July 25, 1942.

This report looks forward to a complete maternity and child-health service with ancillary services which would be available for all as part of a national salaried general medical service organized on a regional basis with the health center as the local unit. The program includes continuing preventive services and health supervision of the child up to school-leaving age; sufficient beds in maternity hospitals, set up as separate units but attached to general hospitals, for all women who need or desire them; a minimum of 10 hospital beds per 1,000 live births for hospitalization necessary during pregnancy in addition to hostel accommodations for expectant mothers; and hostels for children to live in while their mothers are confined.

The discussion favored developing maternity work as a separate service from child health, which it was thought ought to be linked more closely with the school medical service. The health center of the future was pictured as staffed by a group of doctors two or three of whom would have special training in the prevention and care of disease in children.

* * * * *

"Young children in wartime" was the general theme of the first National Conference on Maternity and Child Welfare in England since the outbreak of war. The conference, held in London, July 3–5, 1942, was sponsored by the National Council for Maternity and Child Welfare and reported at length in its official organ, *Mother and Child*, for August 1942 (117, Piccadilly, London, W. 1).

In regard to mothers in industry, Dr. Margaret White, who was in industrial medicine for 10 years before the war and has now been in a war factory for 2½ years, recommended wider use of women personnel officers in plants employing large numbers of women; a 5-day week or part-time shifts for women who carry domestic responsibilities in addition to their jobs; and more consideration to adapting the working conditions of pregnant women to their needs.

Various schemes for caring for the young children of employed women were described by Dr. Marguerite Hughes, Chief Assistant Medical Officer, Bristol. These include day nurseries (now called wartime nurseries), residential nurseries ("short stay" nurseries, babies' homes, and evacuation nurseries); care by foster mothers; and "daily minders" (foster day care).

The presidential address by the Minister of Health, the Right Honorable Ernest Brown, contains information on the English nutrition program for mothers and children, the utilization of mothers in industry, day care for children, maternity care, and midwife services that makes it of special interest to persons dealing with these questions in the United States:

Address by the Rt. Hon. Ernest Brown, M. C., M. P.

Minister of Health, Great Britain [1]

We are talking today about mothers and young children in wartime. In my judgment, next to the actual winning of the war, the care of the children is the greatest service to which we can as a Nation give our attention. I say "next to winning the war," because to win the war is to win it for the children. Since the beginning of the nineteenth century children have occupied the consciousness of society on three major occasions. They had first to be defended from child labor, then from illiteracy, and now from physical disabilities. . . .

While we take pride in what has been and is being done, let us make no mistake about it: there is still much more for ministers, local authorities, child-welfare workers, health visitors, doctors, and all concerned to do. It has also been revealed that the close cooperation now existing between the Board of Education and the Minister of Health needs to be ever strengthened and extended, so that the movement becomes one movement for child well-being. . . .

First of all, let me point out that there are the schemes evolved jointly by my Ministry and the Ministry of Food, whereby out of our limited supplies each expectant and nursing mother receives 1 pint of milk a day and four times as many eggs as are allotted to the ordinary citizen. Again, certain welfare authorities have been encouraging both expectant and nursing mothers to participate in their schemes for cheap or free meals at recognized communal centers. . . .

For children under one, a pint of milk a day, or its equivalent in dried milk, was secured throughout the winter. For the under two's there were black-currant and orange juices. For the under five's, cod-liver oil, and for the under six's as many oranges as reached our shores. This winter, concentrated orange juice will be set aside for the under two's and the black-currant juice liberated for the older children. . . .

Let me now turn to the wider field. The increase in the demand for women in industry has made it necessary for us to provide for the care of large groups of children under 5 by day, and sometimes by night as well. Here I must refer to a rumor that has been current in the last week or so—that the Government intends at the end of the year to call up women with young children for work in industry. That is not so. I have the authority of Mr. Bevin, the Minister of Labour, for saying that the rumor is untrue and that it is not the policy of the Government to require women with young children to undertake employment. If they do volunteer (and we are grateful to the women who have decided to leave their homes and take up work during the emergency), we must relieve them, or such of them as are not able to make their own arrangements for their children, from anxiety lest their children should be suffering from neglect.

In the last 12 months there has been a great improvement; far greater than some realize, when it is considered that just under a year ago we were suffering from heavy raids on London

[1] From *Mother and Child* (London), Vol. 13, No. 5 (August 1942), pp. 82–85.

and there were only a handful of wartime nurseries, mostly in reception areas, to meet the needs of evacuated women who wanted to work. I can reveal now that we have 644 wartime nurseries established in those districts where, on account of the development of war industries, there is a specially large demand for the employment of women. Seven hundred and fifty-four more nurseries are either opening shortly or are in preparation. . . .

In addition to the wartime nurseries and registered daily guardians, nursery classes [schools] have been provided by the Local Education Authorities in certain areas where there is spare accommodation in the elementary schools. Children down to 2 years of age (instead of 3, which has been the rule hitherto) have been admitted, and by extending the hours of opening it has been possible to care for these children during the whole period while their mothers are at work. Already there are nearly 230 new nursery classes in existence, with accommodation for about 7,800 children.

Many children under 5 years of age who require care over long periods are, of course, accommodated in our whole-time residential nurseries. While these are mainly for children whose mothers cannot take them away from evacuation areas, they frequently admit children suffering, or likely to suffer, as a result of enemy action, abandoned children, children whose only parent is serving in the Forces, or short-stay cases who have to be cared for while their mothers are ill or being confined. On June 1, 1942, there were 376 of these nurseries with 11,695 places. . . .

Among many other insistent problems to be faced is that of maternity accommodation. By providing 109 emergency maternity homes, with about 3,000 beds, in which up to June 1, 1942, about 57,000 expectant mothers from evacuation areas have been confined, we have successfully solved one of the gravest situations which confronted us on the outbreak of war. Additional homes are always kept in reserve for any sudden increase in the demand, should enemy action, such as we experienced recently at some of our cathedral cities, become more general. Usually only normal cases are accepted, but each home is linked up with a hospital in the neighborhood for the treatment of abnormal cases, and the services of an obstetric specialist are available if required.

Besides these arrangements for the welfare of mothers at the actual time of their confinements, there are over 60 hostels where women can spend the period just before going into the maternity homes, and stay for another month or 6 weeks after their babies are born. This carefully planned scheme means that, in spite of war with its resulting noise, strain, and anxieties, mothers can get away from bombed towns and have their babies under ideal conditions which provide that peace of mind and body so important for their own and their children's welfare.

In those neutral and reception areas that have experienced a sudden increase of population owing to the influx of evacuees, war workers or wives of service men, institutional accommodation is strained to the utmost, and preference has perforce to be given to abnormal or complicated cases. This means for the midwife a very heavy problem, and I would like all who are midwives here to understand, as we do, how difficult their wartime problem is, not because of these movements alone, but because of the continual movement away from those areas by the call-up of the younger available men to the services. More and more as the months go on we know what a heavy burden that places, especially in the rural areas, upon many a devoted and hard-working midwife. . . .

I need hardly tell you that we are also much occupied with schemes for the postwar expansion of maternity and child welfare, and that to this end I have recently appointed an advisory committee on the welfare of expectant and nursing mothers and of children under five. I think the House of Commons was startled to be told that it was a committee of 32, of whom 25 were women. The House of Commons is unaccustomed to see the majority on the other side, but I felt this was fitting. As things are now shaping, it seems that some of our most important tasks will be the lowering of the death rate of babies and mothers, better care for both premature babies and infants under 1 year, particularly in the first month of life; a sounder knowledge of infant feeding; greater understanding of the physical and mental development of children between the ages of one and five, and increased scope for the training of health visitors so that they may fittingly discharge their responsibility for the welfare of our future citizens.

BOOK NOTES

British Reports

Reports recently published by His Majesty's Stationery Office, London, include several containing information on children and youth in wartime. Persons in America who wish to order these reports may do so through the British Library of Information, 30 Rockefeller Plaza, New York.

REGISTRATION OF YOUTH. Circular 1577, Board of Education, London, 1942. 5 pp. Price 1d. net. Instructions issued to Local Education Authorities in regard to the registration of boys and girls 16 and 17 years of age.

SECOND REPORT OF THE COMMITTEE REPRESENTATIVE OF LOCAL EDUCATION AUTHORITIES OF ENGLAND AND WALES APPOINTED TO CONSIDER THE PROBLEMS OF ADJUSTING BETWEEN AUTHORITIES THE EXPENDITURE INCURRED BY THEM IN RESPECT OF EVACUATED SCHOOL CHILDREN. Board of Education, Committee on Financial Adjustments, London, 1941. 10 pp. Price 2d. net.

STATISTICS OF PUBLIC ELEMENTARY AND SECONDARY SCHOOL PUPILS RECEIVING SCHOOL MEALS AND MILK UNDER THE MILK IN SCHOOLS SCHEME IN THE AREA OF EACH LOCAL EDUCATION AUTHORITY IN ENGLAND AND WALES. Board of Education, London, May 1942. 8 pp. Price 2d. net. Lists the percentage of public elementary-school pupils and secondary-school pupils under the jurisdiction of each local education authority who received milk only and the percentage who received a substantial midday meal in a single day in February 1942.

RETURN SHOWING THE PERCENTAGE OF SCHOOL CHILDREN RECEIVING (A) MILK UNDER THE MILK IN SCHOOLS SCHEME AND (B) MEALS IN THE AREA OF EACH EDUCATION AUTHORITY IN SCOTLAND. Secretary of State for Scotland, Edinburgh, June 1942. 3 pp. Price 1d. net.

THE CARE OF THE HOMELESS. Ministry of Health, London, January 1942. 48 pp. Price 6d. net. A handbook based on the Ministry of Health circulars and other instructions on the care of the homeless in rest centers, on billeting and rehousing, and on general assistance for the homeless.

Public Health

Of special interest to local health departments in connection with maternal and child-health programs are a group of papers given at the seventieth annual meeting of the American Public Health Association in October 1941 and printed in the *American Journal of Public Health* for September 1942 (Vol. 32, No. 9):

WORKING FOR BETTER NUTRITION IN A RURAL COMMUNITY, by W. R. Willard, M. D., Dr. P. H., Deputy State Health Officer, Hagerstown, Md.

EDUCATION IN NUTRITION AS PART OF THE MATERNAL HEALTH PROGRAM, by Christine A. Heller, of the School of Nutrition, Cornell University.

HOUSING AS A HEALTH OFFICER'S OPPORTUNITY, by Huntington Williams, M. D., Dr. P. H., Commissioner of Health, Baltimore, Md.

RELATIONSHIP OF MENTAL HYGIENE TO A LOCAL HEALTH DEPARTMENT PROGRAM, by W. F. Roth, Jr., M. D., W. C. Williams, M. D., and F. H. Luton, M. D., all of Tennessee.

* * *

SIXTY-FIRST ANNUAL REPORT OF THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE YEAR ENDING DECEMBER 31, 1940. Vol. 2, Division of Vital Statistics. Legislative Document (1941) No. 28, Albany. 1942. 253 pp.

In the annual report of the Division of Vital Statistics of the New York State Department of Health for 1940, published as volume 2 of the Sixty-first Annual Report of the Department of Health, pertinent data not available in previous years are included. Among these are analyses of the supplementary information on birth and stillbirth certificates, such as congenital malformations and birth injuries; stillbirths classified by complications of pregnancy and labor; and detailed analyses of infant and maternal mortality associated with outcome of pregnancy (live births, stillbirths, multiple births, abortions, ectopic gestation, and deaths which occurred without expulsion of the fetus). This report should be read by all public-health workers.

MANUAL FOR THE CONDUCT OF CLASSES FOR EXPECTANT PARENTS. Second edition revised. Cleveland Child Health Association, 1001 Huron Road, Cleveland, 1942. 167 pp. Processed.

Fifteen years' experience in conducting classes for expectant mothers who were patients of private physicians, as well as for mothers in low-income groups, and 9 years of experimentation with classes for expectant fathers have gone into the making of this revised and enlarged edition of the Cleveland manual, first published in 1940. Sections are included on organizing the classes and on record forms as well as outlines for 10 lectures for expectant mothers and 4 for expectant fathers.

EVERYDAY NURSING FOR THE EVERYDAY HOME, by Elinor E. Nordin, R. N., and Bessie M. Donaldson, R. N. Macmillan Co., New York, 1942. 306 pp. $2.50.

This book appears to have been written for use as a textbook in secondary schools and colleges and also for use in the home. The first part, Nursing to Keep Well, discusses the importance of prevention of illness and maintenance of health, both physical and mental, from infancy to old age. The value of periodic physical examinations is stressed, as well as the importance of good nutrition, adequate rest, and relaxation.

In the second part, Nursing When Illness Comes, much of the discussion deals with topics covered in the Red Cross Course of Home Nursing. Some practical illustrations such as bed cradles, a bedside commode, and types of bed tables are included. A list of suggested reading and a glossary supplement the book.

A STUDY OF THE PUBLIC'S KNOWLEDGE AND ATTITUDE REGARDING CERTAIN INFECTIOUS DISEASES AND IMMUNIZATION AGAINST THEM, conducted by Elmo Roper. Sharp & Dohme, Philadelphia, 1942. 31 pp.

Although conditions incidental to war—mass movements of civilian population to defense areas, inadequate housing, longer hours of work, and the transfer of women from home to factories—increase the importance of immunization against infectious diseases, this survey revealed an almost complete lack of public knowledge of the necessity for reinoculations and of the need for immunizing children in infancy.

Transportation Program for Agricultural Workers Sets New Standards

Significant provisions concerning child labor, wages, and living conditions have been included in the program developed recently for the transportation of agricultural workers by the Farm Security Administration. This agency has set up administrative machinery to transport farm laborers either from other parts of the United States or from Mexico into areas where the United States Employment Service has certified that nonlocal workers are needed for farm work.

The plan for transporting and housing workers from other parts of the country has been developed under a directive issued by the War Manpower Commission on June 22, 1942, which directed the Department of Agriculture to provide housing and transportation for nonlocal agricultural workers required for the production of any agricultural commodity essential to the effective prosecution of the war. The program for the transportation of Mexican workers, after certification by the United States Employment Service that domestic labor is not available, is in conformity with the agreement with the Mexican Government announced by the State Department on August 7, 1942. Transportation will be financed by an allotment from the President's Emergency Fund.

Government assistance in supplying either domestic or Mexican workers is contingent upon the meeting of certain conditions. One of these conditions is the prohibition of the employment of children under 14 years of age. The agreement with Mexico provided that work for children under 14 should be strictly prohibited and that they should have the same schooling opportunities as those enjoyed by children of other agricultural workers. Under the provisions for transportation of domestic laborers, no minors can be employed except as permitted by Federal and State laws and policies, and no children under 16 will be transported unless they are members of a family of workers and provision is made that children under 14 are not to be employed.

Another condition for transportation of either domestic or Mexican workers is the payment of prevailing wages with a minimum of 30 cents an hour or an equivalent piece rate. Wage boards, appointed by the Secretary of Agriculture, will determine the prevailing wage in given areas. Workers are to be guaranteed employment by individual employers or groups of employers, for at least 75 percent of the working time in the contract period. Adequate housing, health, and sanitary facilities are to be provided and will be passed upon locally by the Farm Security Administration. Mexican workers may be employed only in agricultural work while they remain in this country. Growers will be charged $5 per Mexican worker to offset in part the cost of transportation and will be charged the cost of transportation of domestic workers up to 200 miles.

Employment in agriculture has, in general, not been covered by labor legislation. The conditions set up in this program to supply nonlocal agricultural workers to areas of labor shortage should influence standards for wages and housing and living conditions for all agricultural laborers and should help to set a minimum age standard of 14 for employment in agriculture. At the same time, these conditions might result in the increased use of local children of a young age at a low wage as a means of avoiding payment of the 30-cent minimum wage for older workers available from a distance.

S. M. S.

Child-Labor Findings

More than twice as many establishments violating the child-labor provisions of the Fair Labor Standards Act, and more than twice as many minors illegally employed—this is the record of cases closed during the year ended June 30, 1942, compared with the previous year. The cases closed in the fiscal year 1942 involved more than 4,000 minors illegally employed.

Indications are that the trend toward the increasing employment of minors is accelerating under the pressure of war conditions and that only through a well-planned and unflagging in-

spection system can a corresponding increase in the oppressive use of child labor in violation of the law be prevented.

The reports of the child-labor inspectors during the spring and summer of 1942 bear a disquieting resemblance to the findings of a generation ago, when it was common to find large numbers of young children working long hours under unhealthful conditions. The following stories are from reports of 1942 inspections of fruit and vegetable packing sheds.

Strawberries.

In one cold-storage plant children as young as 10 years of age were found capping strawberries for storage. In this establishment 24 children from 10 to 15 years of age went to work at 3 a. m. and capped berries until 7 a. m., when they stopped to eat breakfast and go to school. Some of the underage children did not stop for school, however, but stayed out of school during the strawberry season and worked from 3 a. m. until 3 p. m. or even longer.

Spinach.

Another company, which grew, harvested, and canned spinach, was found to have 41 children under 16 among its employees. Of these children, 15 had worked only in the cannery, 16 had worked only in the fields but at times when they were legally required to attend school, and 10 had worked both in the cannery and in the fields. The ages of the 26 children who cut spinach in the fields when they should have been in school, ranged from 9 to 15 years.

Tomatoes.

In one State some 40 establishments engaged in packing "green wrap" tomatoes for the northern trade were inspected in May 1942. A large number of children under 16 years of age were found to be employed in wrapping and packing the tomatoes, and some in making the boxes or "lugs" in which the tomatoes are packed for shipping. Because the tomatoes must be picked during the day and shipped as soon as possible, the packing is done during the late afternoon and at night. Inspections continued during June and disclosed children as young as 8 years of age working until 11:30 p. m.

In one instance the contractor in charge of a shed claimed that a 13-year-old boy who was labeling boxes was not an employee but an "independent contractor" who had sublet the labeling contract, and that two other children, a 13-year-old and a very young-looking 12-year-old, were hired by the first boy as helpers. The boy who held the labeling contract, told the inspector later, after the shed had closed for the season, that on several occasions he worked from early afternoon straight through the night until the following morning. On one occasion he worked from 1 p. m. Tuesday until 6 a. m. Thursday, a period of 41 hours with a lay off during this time of only 4½ hours, plus "a half-hour nap once in a while . . . on boxes in the shed." This occurred in a packing shed, which, because the boxes were made in the shed, came under the regulations applicable to manufacturing establishments producing goods for shipment in interstate commerce, where the minimum age for employment is 16 years. Violations were found in all five of the sheds owned by this company.

In one shed a number of children under 16 were working in the box-making department when the inspector arrived at 10 p. m.; it was found that one of these children worked 64 hours in a single week and another, 58 hours.

Cherries.

The effectiveness of repeated inspections in combination with the issuance of age certificates and the education of employers as to the use of certificates and as to the provisions of the Fair Labor Standards Act is illustrated by the marked improvement in conditions in the cherry-packing industry in the State of Washington in 1942 as compared with 1941 when the first inspections disclosed large numbers of children at work in violation of the act. Only a few of the establishments reinspected in 1942 were not conforming to child-labor regulations, and conditions of work in general were greatly improved. In order to obtain this cooperation warning letters were sent to the cherry packers after the 1941 inspections and the importance of obtaining age certificates for employees who were minors was emphasized.

BOOK NOTES

Occupational Hazards to Young Workers. No. 1, The Explosives-Manufacturing Industries (Bureau Publication 273, Washington, 1942. 19 pp.). No. 2, Motor-Vehicle Drivers and Helpers (Bureau Publication 274, Washington, 1941. 20 pp.). No. 3, The Coal-Mining Industry (Bureau Publication 275, Washington, 1942. 55 pp.). No. 4, The Logging and Sawmilling Industries (Bureau Publication 276, Washington, 1942. 81 pp.). No. 5, Woodworking Machines (Bureau Publication 277, Washington, 1942. 53 pp.).

Each of these reports represents an investigation to determine occupations particularly hazardous for young workers and therefore subject to a minimum-age standard of 18 years under the Fair Labor Standards Act of 1938, and each contains a copy of the order issued as a result of the findings.

* * * *

Training for War Industry is the general title of a series of leaflets published by the Canadian Department of Labour, Ottawa:

No. 1. Pre-Employment Training Centers. 1941. 7 pp.
No. 2. Apprenticeship Training. 1942. 16 pp.
No. 3. Plant Schools. 1942. 15 pp.

Inter-American Notes

By Anna Kalet Smith

Office of the Chief, U. S. Children's Bureau

A Visit to Cuba's Master Playground

Cuba's most famous playground, Parque Juvenil Deportivo José Martí, named after the great Cuban patriot, occupies 13 acres on the shore of the Gulf of Mexico, in the city of Habana. Opened a little over a year ago as part of an extensive program of public child-welfare work, it is maintained by the National Government with a percentage of the proceeds from the national lottery. More than a mere playground, the palm-studded, well-kept grounds, where the sun's heat is tempered by ever-present sea breezes, offer many facilities for the recreation and physical improvement of workers' children.

The playground is intended primarily for school children under 16 years who attend regularly a public or private school. An application signed by the child's parents and teacher is required for admission, also freedom from contagious disease and from any physical defect which would prevent participation in the activities. No distinction is made as to sex, race, color, or creed. Once a child is registered at the park he or she is expected to attend its activities regularly. Preschool children also are admitted, alone or with their parents. The playground is open 8 hours daily, and longer on days of athletic contests and other special events.

At the time of the visit to the playground, on July 25, 1942, 15,000 children were registered. The children were coming into the playground for the afternoon session. Some were cleanly dressed, with well-combed hair; many had holes in their shoes and clothes and showed lack of general care; but all were obviously happy with a look of keen anticipation on their faces as attendants divided them into groups for the swimming pools, swings, ball fields, or tennis courts.

The staff consists of a director, a teacher of physical education, instructors in baseball, football, basket ball, handball and soft ball, tennis, swimming and diving, and gymnastic exercises, several physicians and dentists, on part time, a nurse in the first-aid station, and a librarian. There are also several life guards for the swimming pools, which can accommodate 1,000 children at a time.

The director reports on the institution's work to the Bureau of Physical and Mental Education of Children (Negociado de la Educación Física y Mental Para Menores) of the Ministry of Education.

Facing the sea is the administration building, a stone structure of Spanish-Moorish architecture, 98 yards in length. Covered and arched verandas with polished stone floors inlaid with mosaic run the entire length of the building, which contains an attractive library as well as a first-aid station, offices, and locker rooms.

There are other playgrounds in Habana and elsewhere in Cuba, but the Parque Deportivo Infantil José Martí is considered unique in the scope and quality of its service.

Establishment of First Kindergarten In Paraguay[1]

The first kindergarten in Paraguay was opened in Asunción, the capital, under the name of "Kindergarten of the Americas" on August 1, 1942.

The kindergarten is open to children 4 to 6 years of age who are orphans without relatives to care for them, or whose mothers are employed or are ill.

The daily program consists of instruction in personal cleanliness, classes according to Montessori's or Froebel's methods, gymnastics, meals, midday rests, manual work, and music and recreation. The meals are prepared in accordance with a dietitian's instructions. The students of the School for Health Visitors will help in the work of the kindergarten and will also visit the children's homes. Talks on child care will be given to mothers. A nominal charge is made for the children's care, but this is omitted if the family is unable to pay.

Accommodations are available for 50 children. This number will be increased when resources

[1] *El País*, Asunción, July 31, 1942; *La Tribuna*, Asunción, of the same date; and American Consular Report, August 7, 1942.

allow. The kindergarten provides a link between the day nursery and the primary schools and is expected to check the high rate of sickness and mortality among preschool children.

A committee of private citizens provided the funds to establish the kindergarten on condition that the Government agree to pay the rent and take over the school at the end of the first year.

CONFERENCE CALENDAR

Oct. 24–27 Ninth Institute on Public Health Education, St. Louis. In connection with meeting of American Public Health Association.

Oct. 27–30 American Public Health Association. Seventy-first annual meeting, St. Louis. Permanent address: 1790 Broadway, New York.

Oct. 27–29 National Safety Council. Thirty-first National Safety Congress, Hotels Sherman, La Salle, and Morrison, Chicago. (Dates changed from October 6–8 when Government took over Stevens and Congress hotels for military purposes.) Permanent address: 20 North Wacker Drive, Chicago.

Nov. 4–7 American Academy of Pediatrics. Chicago. Secretary: Dr. Clifford G. Grulee, 636 Church St., Evanston, Ill.

Nov. 10–12 Southern Medical Association. Thirty-sixth annual meeting, Richmond. Secretary: C. P. Loranz, Empire Building, Birmingham, Ala.

Nov. 19–20 Ninth National Conference on Labor Legislation, Drake Hotel, Chicago. Called by the Secretary of Labor.

Dec. 28–30 American Association for Labor Labor Legislation. Cleveland.

Dec. 28–30 American Sociological Association. Cleveland.

American Education Week

November 8-14

Education for Free Men is the theme for American Education Week for 1942, sponsored jointly by the National Education Association, the American Legion, the United States Office of Education, and the National Congress of Parents and Teachers. Friends of education are urged to use this opportunity to inform the people regarding the tremendous contribution of the schools to the war effort and to the preparation of the country's 27,000,000 boys and girls for life in the world that is now being shaped. Program materials can be obtained from the National Education Association, 1201 Sixteenth Street, NW., Washington, D. C.

Children's Book Week

November 15-21

The purposes of Children's Book Week are to encourage in boys and girls the love of books; to increase public appreciation of children's books; to increase, maintain support for public book facilities; and to encourage home ownership and companionship through books. A Manual of Suggestions can be obtained from Book Week Headquarters, 62 West Forty-fifth Street, New York.

National Hearing Week

October 25-31

The American Society for the Hard of Hearing (1537 Thirty-fifth Street NW., Washington, D. C.) is sponsoring the observance of National Hearing Week, October 25–31, as a special week of public education on the causes of deafness and the need of guarding against them. This applies especially to young children with incipient cases of ear trouble and to persons who are subjected to sudden or incessant noise.

The society advocates hearing tests for school and preschool children, followed by medical examination and prompt treatment when indicated.

Materials on the Protection of Children in Wartime

For the Administrative Use of—

Child-care committees
Committees on day-care of children
Local defense councils
Evacuation authorities

From the Children's Bureau, U. S. Department of Labor, Washington, D. C.—

CIVIL DEFENSE MEASURES FOR THE PROTECTION OF CHILDREN; report of observations in Great Britain, February 1941, by Martha M. Eliot, M. D. Bureau Publication No. 279. 1942. 186 pp.

CHILDREN'S BUREAU COMMISSION ON CHILDREN IN WARTIME. First Meeting—March 16–18, 1942, Washington, D. C. April 1942. 122 pp. Mimeographed. Contents: Organization and membership; action recommended by the Commission; factual material submitted to the Commission and summaries of discussion.

STANDARDS FOR DAY CARE OF CHILDREN OF WORKING MOTHERS. Children in Wartime No. 3. Bureau Publication No. 284. 1942. 20 pp.

DEFENSE OF CHILDREN SERIES:

No. 1. What Are We Doing To Defend Them?
No. 2. Are We Safeguarding Those Whose Mothers Work?
No. 3. Are They Getting the Right Start in Life?
No. 4. Have They the Protection of Proper Food?
No. 5. Are We Defending Their Right to Health?
No. 6. Their Defense Is the Security They Find at Home.
No. 7. Their Education Is Democracy's Strength.
No. 8. Through Play They Learn What Freedom Means.
No. 9. Our Nation Does Not Need Their Toil.
No. 10. Are We Helping Those With Special Needs?
No. 11. Protect Them From Harmful Community Influences.

STANDARDS FOR MATERNITY CARE AND EMPLOYMENT OF MOTHERS IN INDUSTRY. Prepared by the Children's Bureau and the Women's Bureau of the U. S. Department of Labor. July 1942. 4 pp. Processed.

VOLUNTEERS IN CHILD CARE. Published by the Office of Civilian Defense with the cooperation of the Children's Bureau and the Office of Defense Health and Welfare Services, March 1942. 12 pp. Distributed by the Children's Bureau.

From the United States Office of Civilian Defense, Washington, D. C.—

ORGANIZATION OUTLINE FOR LOCAL DEFENSE COUNCILS. 1942. 21 pp.

WHAT CAN I DO? The Citizen's Handbook for War. 1942. 48 pp. Contains one chapter on what boys and girls can do.

PROTECTION OF SCHOOL CHILDREN AND SCHOOL PROPERTY. Prepared by Training Section. 1942. 12 pp.

From the Office of Defense Health and Welfare Services, Federal Security Agency, Washington, D. C.—

HEALTH, WELFARE, AND RELATED ASPECTS OF COMMUNITY WAR SERVICES. Prepared by the Committee on Community Organization. June 1942. 17 pp. Processed.

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UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS
NOV 13 1942

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

THE WORKING MOTHER

The Working Mother in England

By Lady E. D. Simon

Member of the Education Committee, Manchester City Council

When married women with children go into wartime industry many problems have to be solved. In England, although all women, married and single, are compelled to register if they are 18 to 45 years of age, mothers with children under 14, which is the school-leaving age, are not forced to take up work outside their homes. At the same time a certain number of them, anxious to help their country directly and also to supplement the separation allowance which they get when their husbands join the forces, have volunteered for work in munition factories, on buses and railways, and elsewhere to fill the positions of men who have been called up or have been sent to more vital war work.

In order to help these women the Government, through the local health and education services, is providing wartime nurseries. These are of two kinds:

1. Whole-time nurseries, which are open from 7 a. m. to 7 p. m., and which take children from 1 month to 5 years of age. These are usually run by the maternity and child-welfare authority, but the education authority provides a nursery-school teacher wherever possible to look after the children between the ages of 2 and 5 years.

2. Part-time nurseries, which take children between the ages of 2 and 5 only and which are normally open during school hours (9 a. m. to 4 p. m.) but which can be open both earlier and later if the mothers wish their children to have breakfast and tea as well as the midday meal at school. These part-time nurseries are usually provided by the education authority.

These nurseries are set up wherever the Ministry of Labor says that there is need for them. The Government pays the cost of establishing the nurseries and of running them apart from the mothers' payments. In whole-time nurseries the mothers pay 7 shillings a week; in part-time nurseries, where they are an extension of peace-time nursery classes, the mother pays only for the food, with a little extra if the extended-hour scheme is in use.

Day nurseries are excellent in themselves, but in wartime every proposal has to be weighed against the expenditure of man and woman power. Where no suitable buildings for these nurseries exist, prefabricated hutments must be provided, and these use both materials and building labor, the supply of which is limited.

Staffing is an even more difficult matter. In the whole-time nurseries it has been found necessary to provide 1 woman on a full-time basis for every 4 or 5 children; in the part-time nurseries, only 1 for 15 children. If, as is often the case, a mother has more than 1 child in the whole-time nursery, it may work out that 1 full-time member of the staff is required for every 2.2 mothers released for war work. Some of the staff are trained hospital nurses, the supply of whom is getting short in England. Trained nursery-school teachers have also become very scarce, and both these and the hospital nurses are helped out by child-care reserve workers. These are women who have volunteered for this work and who have successfully passed through a short training course. All the staff members are paid.

There are between 2 and 3 million children under 5 years of age in England. Provision is now made in whole-time day nurseries for 60,000 children, less than 3 percent of the total. The number accommodated in part-time nurseries is not known. It is recognized that the majority of English children of working mothers are being looked after by a neighbor or a relative who receives a payment of about 8 or 9 shillings a week. Some more whole-time nurseries are being planned, but difficulties of finding suitable buildings and staff will soon put an end to further development.

But the care of children is only one part of a married woman's job, even if it is perhaps the most important and the one that bulks largest in the public eye. If the old saying is true that "a man's work ends with the setting of the sun,

but a woman's work is never done," woman's work is the most economical form of labor ever invented; yet it has never been officially recognized as work in England because it is unpaid. It is the most economical because the mother does about six different jobs during the day, many of which overlap. In addition to feeding and looking after the baby, she cleans the house, cooks the meals for her husband and older children, does the weekly wash and the daily shopping and the tidying and the mending, and looks after the school children when they come back from school.

Now if such a woman goes into full-time work in a factory, several sets of people have to help with her home jobs, unless she is to do, as so many are doing, two full-time jobs. There is need for a nursery for the baby, a staff of teachers and child-care reserve workers to look after the children 5 or 6 years of age before and after school hours, staff to provide midday meals for the school children, extra staff in the laundries to which she now has to send her washing, a neighbor to do her shopping, a British Restaurant where she can buy cooked food for the evening meal which she has no time to prepare. Even so, she has to manage the cleaning of the house at the weekend and the daily tidying and mending any time.

Since it is not possible to provide all these agencies for all the mothers in all parts of the country, it is no wonder that when women with children are employed there is an inevitable amount of absenteeism, an increase in truancy leading to juvenile delinquency, and a lowering of the health of mothers. In a short war that might not matter so much, but in the war in which we now are involved it may become serious.

The saving feature of the situation, so far as England is concerned, is that relatively few of the mothers are working full time. Figures given last July for the women of registration age, which was then 18 to 41 years, show that out of the 6,500,000 women who had registered, only 383,000 mothers with children under 14 were working full time. Unless the financial position of the family is such that it is necessary for the mother to work, responsibile mothers realize that their first duty in war as in peace is to their children, and that war conditions make this task more difficult.

Personally, I believe that a much larger number of mothers can be brought into the war effort by means of part-time employment. This has already begun in England and is being extended, since employers are beginning to realize that the only remaining source of labor is that of married women.

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Part-time work can take various forms:

1. Morning and afternoon shifts (one woman works in the morning, and another comes on at noon and works in the afternoon).
2. Three full days a week.
3. A short shift, such as 9 a. m. to 4 p. m.

Jobs not suitable for part-time workers include work on specialized machines, work which involves night shifts, and work which is organized on the basis of 8-hour shifts. Experience has proved, however, that part-time workers can do much of the work on munitions and that they can also be used to set free full-time workers for direct war work. For instance, work in shops, in cafes and restaurants, and clerical and office work can all be done by part-time workers. Government offices in England use morning and afternoon workers as copy typists, and in one office in Manchester two stenographers work 3 full days a week each.

Two women with children can arrange for one of the women to look after the children of both when the other woman is working. A woman who has a husband but no children and who does all the work of the house finds that she can arrange this on her free days or free half days. For women who live near the factories, so that they do not have to travel far, morning and afternoon shifts are most convenient, but for women who have to spend time and money traveling, 3 full days of work a week is a better arrangement.

Although these schemes are now developing in England because women available for full-time employment are getting scarce, I believe it would have been better if the Ministry of Labor earlier in the war had listed the jobs that can be done by part-time workers and had refused to send full-time workers to employers for these jobs.

There is no difficulty in getting women to volunteer for part-time work; the difficulty has been to induce employers to make the necessary readjustments. Where they have done so, they find that in spite of the preliminary labor involved in changing over, and the extra clerical labor that is necessary, they get better production. The women are fresher and there is less absenteeism. Where women with children work on a full-time basis much absenteeism is caused by women taking time off to clean their houses or do their shopping or merely to stay at home because they get too tired.

By means of part-time employment women can make a direct contribution to the war effort and can supplement the family income without risk of damage to their children's welfare or to their own health. Also, what is perhaps of equal importance, a supply of labor is made available that cannot otherwise be tapped.

Maternity Care for Wives of Men in Military Service

State Plans Approved

By October 1942 State and Territorial health departments had requested from the Children's Bureau funds amounting to more than $1,500,000 to provide obstetric and pediatric medical care and hospital care for the families of men in military service. Plans had been received from 25 States and Hawaii and most of these had been approved and were in operation:

Alabama	New Jersey
Arkansas	New Mexico
California	North Carolina
Hawaii	Oklahoma
Idaho	Rhode Island
Illinois	South Carolina
Indiana	South Dakota
Maine	Texas
Maryland	Utah
Minnesota	Virginia
Mississippi	Washington
Missouri	Wisconsin
Nebraska	Wyoming

Funds totaling $308,000 have been allotted to these States to meet immediate needs. No further funds can be allotted to these States from current Fund B appropriations. Appropriation of additional funds depends on the passage of bills now in Congress.

In several of the States the services are made available on a State-wide basis; in others they are limited to the most critical areas surrounding military posts. Some of the plans provide only maternity care; others include care for sick children under 1 year of age.

Percentage of Newborn Babies Whose Fathers Are in Military Service

The percentage of all babies born whose fathers are in military service is already substantial and is on the increase. Preliminary figures based on birth certificates filed during May, June, and July 1942 are available for 28 States and the District of Columbia. The following tabulation shows the percentage of these babies whose fathers were stated to be soldiers or sailors:

State	Total births	Children of men in military service	
		Number	Percent of total
Total, 28 States and D. C.	309, 357	9, 176	3. 0
District of Columbia	5, 089	401	7. 9
Wyoming	1, 419	85	6. 0
Kansas [1]	8, 416	460	5. 5
Rhode Island	3, 428	166	4. 8
Georgia	13, 618	642	4. 7
Maryland	4, 092	188	4. 6
Louisiana	9, 354	408	4. 4
Nebraska	5, 655	240	4. 2
Utah	3, 933	166	4. 2
Oregon	5, 697	234	4. 1
New Mexico	3, 475	135	3. 9
Arizona	3, 076	114	3. 7
Maine	4, 480	160	3. 6
North Carolina	21, 118	765	3. 6
Idaho	2, 981	104	3. 5
Delaware	1, 397	43	3. 1
West Virginia	9, 469	282	3. 0
Illinois	35, 904	958	2. 7
Missouri	15, 681	425	2. 7
Tennessee	15, 750	388	2. 5
Mississippi	11, 870	285	2. 4
Ohio	33, 971	812	2. 4
Indiana	16, 303	367	2. 3
North Dakota [2]	2, 950	68	2. 3
Michigan	29, 987	675	2. 3
Iowa	11, 999	265	2. 2
South Dakota	3, 105	66	2. 1
Vermont	1, 810	38	2. 1
Wisconsin [3]	23, 330	236	1. 0

[1] Data for June, July and August.
[2] July data incomplete.
[3] Figures for 5 months, January–May, 1942.

Thus, 3 percent of all the babies whose births were registered in these States in May, June, and July 1942 were born to wives of men in military service. In 9 States and the District of Columbia the percentage was more than 4. But in the fall of 1941 not only was the total strength of the military force much less than it is now, but the proportion of married men in the services was much smaller.

In 22 States where it was possible to analyze the figures by months, the percentage rose from an average of 2.7 in May to 3.1 in June and 3.7 in July.

The Children's Bureau has information which indicates that the proportion of married men in the armed forces more than doubled in the short period from December 1941 to April 1942. Indications are that the increase is continuing. On the basis of this information and the figures presented in the table, it may be conservatively estimated that 5 percent of the births in the United States in the year beginning July 1942 will be to wives of men in the armed forces. Since the information available as to the strength of the armed forces in the fall of 1941 and the proportion of married men in them agrees well with the results of the information tabulated from birth certificates State health officers may find it useful to study birth certificates registered in planning programs for maternity care for soldiers' and sailors' wives.

For children born of unmarried parents whose fathers are in military service the percentage is probably much higher than for all babies. In one State, Michigan, for which information is available from birth certificates filed during May, June, and July 1942, it appears that 2.3 percent of all babies were stated to have fathers in military service, compared with nearly 10 percent of the children born out of wedlock. This figure, of course, is based on a small sample, but at least it can be taken to indicate that this problem is especially acute.

BOOK NOTES

Public Health

TEACHING PHYSICAL EDUCATION IN THE ELEMENTARY SCHOOL, by E. Benton Salt, Ed. D., Grace I. Fox, Elsie M. Douthett, and B. K. Stevens. A. S. Barnes & Co., New York, 1942. 340 pp. $2.

This book is written as a guide to teachers whose duties include responsibility for physical education. The writers feel that with the schools reaching a larger percentage of the children for a longer time, with new responsibilities being placed upon the school, and with the increasing part the faculty plays in executing school procedures, the teacher assumes a role of ever-growing importance in the development of pupils' lives. The whole function of education is defined in terms of developing an individual capable of understanding, fitting into, and contributing to the growth of a democratic society. The role of physical education in such an educational setting is outlined.

ERADICATION OF TUBERCULOSIS IN SYRACUSE: report of the Mayor's Conference Committee on Tuberculosis, July 1942. 79 pp. Processed. 50 cents.

Detailed findings of the committee are given in this report, which covers case-finding, case control, treatment, rehabilitation, health education, and preventive measures. Basic strategy recommended by the committee in the warfare against tuberculosis is contained in a printed leaflet entitled "Getting Rid of Tuberculosis in Syracuse."

Crippled Children

THE KENNY METHOD OF TREATMENT FOR INFANTILE PARALYSIS, by Wallace H. Cole, M. D., John F. Pohl, M. D., and Miland E. Knapp, M. D. Publication No. 40, National Foundation for Infantile Paralysis, 120 Broadway, New York. June 1942. 47 pp.

The National Foundation for Infantile Paralysis for 2 years has financed a study of the treatment for anterior poliomyelitis advocated by Elizabeth Kenny. The study was carried on at the Medical School of the University of Minnesota, under the direction of the Departments of Orthopedic Surgery and Physical Therapy. As a result of this study the Medical Advisory Committees of the National Foundation officially endorsed Miss Kenny's treatment for poliomyelitis in the acute stage and recommended the preparation of a manual describing the essential principles and details of the Kenny method. The physicians who prepared the present manual set forth in it their conclusions as to the principles involved and the techniques used as observed by them during the 2-year study.

THE EARLY TREATMENT OF POLIOMYELITIS, by John A. Toomey, M. D. *Journal of Pediatrics*, Vol. 21, No. 3 (September 1942), pp. 353–373.

In this article Dr. Toomey discusses the various clinical manifestations of acute poliomyelitis and describes in detail the present therapeutic procedures being followed in the treatment of this disease in the Division of Contagious Diseases, Cleveland City Hospital. The procedures described have been developed during the past 20 years in the treatment of more than 1,400 patients. Special reference is made to the therapeutic measures used in the care of patients with bulbar paralysis and to the use of serums, artificial heat, splints, casts, and muscle re-education. A section is devoted to a discussion of pain and muscle spasm in poliomyelitis. He concludes with a critical analysis of the Kenny method of treatment of this disease.

Children's Bureau Publications

INFANT CARE. Bureau Publication No. 8, Washington, 1942. 135 pp.

Upwards of 15,000,000 copies of this bulletin have been distributed since the first edition was published in 1914, and parents who were themselves "brought up on Infant Care" are now using it for their own children. The new edition has been entirely rewritten with emphasis on the satisfaction of the child's emotional as well as physical needs and on flexibility of program to suit the tempo of each child's development.

PRENATAL CARE. Bureau Publication No. 4, Washington, 1942. 58 pp.

The new edition of Prenatal Care has been revised in accordance with recent medical thought and some parts have been rewritten, including the material on nutrition and on the care of premature babies.

Community Organization Solves Play Problem in Defense Area[1]

By Louise Gilbert

Child-Welfare Worker, Children's Division, Indiana State Department of Public Welfare

Defense areas present an immediate need for good community organization. Rural communities offer particularly fertile fields for such organization because of the lack of organized planning and because of the lack of knowledge of the work of social agencies. An emergency situation often makes the community aware of needs and problems that had previously existed but were less acute. People feel the excitement of expanding industry, and, although busy with their own increased activities, they are understanding of the problems created by sudden expansion of wealth, by populations on the move, by inadequate housing.

The Charlestown defense area, in southern Indiana, which began development in the fall of 1940, has often, and rightly, been called the guinea pig of defense areas, because it was the first large industrial defense area in the Middle West and because any problem that could possibly present itself has been encountered there. The building of two large munitions plants near Charlestown, a town of less than 1,000 in population, soon meant the employment of approximately 30,000 persons. In addition to the powder plants at Charlestown, the United States Quartermaster Depot at Jeffersonville, the county seat, expanded greatly and began employing large numbers of men and women. By early 1941 these two towns and the surrounding area were crowded beyond capacity with workmen and their families packed into trailer camps and into every imaginable makeshift dwelling.

The most encouraging outlook in the resulting picture of rapidly increasing social problems was the existence of a few social agencies. The county department of public welfare, which was well established and well accepted in the community, and the health agencies, including the county public-health-nursing service, the tuberculosis association and the Red Cross, all were eager and ready to expand their services to meet the new demands.

The only organized recreational activities in the county were the Boy Scouts, Camp Fire Girls, church young people's groups, and a summer program of school playground activities and softball in Jeffersonville. Immediately the Work Projects Administration Recreation Division offered services to Charlestown, beginning with a play-school in a church basement and some supervised youth group activities. The Episcopalian Diocese began to feel out the need for a community center in Charlestown.

The Indiana State Board of Health established a venereal-disease clinic and sent maternity nurses and additional public-health nurses to the community.

This eagerness on the part of all health, welfare, and recreation agencies to give whatever service was necessary pointed strongly toward the need for an organized community body to direct the activities of these agencies and to develop community interest in additional services. The only organizations of laymen in the county to direct and interpret the work of the existing agencies were the individual boards of those agencies. There was no community body to pull together the services of the various agencies or to point out gaps in the services.

At this point the Federal Security Agency, seeing the need for outside help and stimulation, employed, on a half-time basis, an experienced person in the field of community organization to organize lay groups in the area surrounding Charlestown. The greatest need was thought to be in the field of recreation, since almost nothing was offered there.

The accepted pre-emergency method of community organization, that of consulting with key people in the community, leaders of service clubs and business groups, agency representatives and educational leaders, was used, and plans were soon made for the organization of two community-service defense councils in the

[1] Presented as an address at the sixty-ninth annual meeting of the National Conference of Social Work, New Orleans, May 10–16, 1942, and printed in *Indiana Public Welfare*, June 1942.

county, one in Charlestown and one in Jeffersonville. * * *

The community-service defense councils were able to plan several community recreation projects, but from the beginning the groups saw the difficulty of carrying out a comprehensive recreation program without the professional leadership of salaried and full-time workers and without a recreation center. The WPA Recreation Division was willing to give what it could, but it was limited in the number of people available and in facilities.

In Charlestown a community center was opened in June under the auspices of the Episcopalian Diocese, with a full-time, professional church and recreation worker. Late in the summer, on the invitation of the defense councils, the United Service Organizations sent workers to organize recreational activities in the county. These organizations consulted with the local community-service defense councils in planning their activities and expressed a desire to plan only those activities wanted by the community.

The councils found some difficulty in giving direction to these organizations, because of lack of knowledge of what a recreation program might have to offer and lack of knowledge of the real needs of the whole community. A recreation program seemed difficult to visualize, and busy business men and women, with no difficulty in planning for their own too-scarce leisure time, were sometimes unable to see the need for supervised recreation for other people with more leisure. There was also a definite feeling that with industry booming and wages high people could buy their "fun."

However, most of the council members expressed a willingness to help in providing whatever was needed and to "go along" with the group. When the recreation agencies under professional leadership gradually began to function with more and more scheduled activities, the community accepted them, people made use of them, members of the council participated and saw the need for providing further facilities.

In spite of frequent discouragement felt by many people in Clark County over the slowness of action and the scarcity of tangible accomplishments of the community-service defense councils, a review of the year's work shows that there were valuable results of the work of those groups. The councils acted in an advisory capacity to the United Service Organizations in Clark County for the first 4 months of their activities, until an advisory council was organized for the USO. The councils also advised with other recreational agencies and, occasionally, in planning a community project, enlisted and coordinated the services of the several agencies * * *.

The Charlestown Community Service Defense Council gave consideration to delinquency among Negro boys and the lack of recreational facilities for Negroes, which had been brought to their attention by the department of public welfare. * * *

With the coming of new agencies, particularly the USO and the WPA Recreation Division, one other organization was established. The new recreation workers felt the need of meeting frequently with representatives of the already existing welfare and recreation agencies to discuss common problems and to coordinate their services. This small group, meeting weekly at first, finally organized itself in March 1942 into a sort of council of social agencies, naming itself the Clark County Council of Health, Recreation, and Social and Economic Welfare. The main purposes of this group are (1) to help each agency define its function; (2) to set up routines for clearing and referring cases, and (3) to give the members an opportunity to discuss common problems and to pool information. This group has considered what its relationship should be to the two community-service defense councils: at present it is a separate organization, although most of the people in the council of agency representatives are also members of at least one of the community service defense councils. * * *

It is easy to see that community organization in this area has not yet become a neat, finished plan. Much groping and feeling the way step by step has been and is still being done. The newly organized council is now assuming more and more responsibilities that originally were not fulfilled at all or fell to some agency or individual who hesitated to assume them. For example, early in the period of the emergency, new agencies establishing their programs went to the director of the county department of public welfare for advice and direction. But as it was recognized that this responsibility should not fall to any agency executive but to a community-planning group, it has been possible to place this responsibility with the newly organized council of health, recreation, and social and economic welfare.

We who have had a part in community organization in the defense area around Charlestown think that perhaps some of our experiences may be helpful to others working in defense communities, and we would like to make the following suggestions which have come out of

trial and error, growth and groping process:

1. Consideration should be given early to the organization of one group of professional and lay people, not too large but representative of the entire area served by the social agencies; that is, organization on a county-wide rather than a city-wide basis if the agencies are for the most part giving service on a county-wide basis. Subcommittees giving special attention to projects of concern to a particular area could be appointed. However, rivalries between cities or sections within a county may make this county-wide plan inadvisable.

2. It should be recognized that newcomers are a part of the community and should be encouraged to participate in the planning body.

3. In meeting an emergency, community planning should be built around old agencies, services and existing groups. Only by so doing can the organization remain sound after the emergency is over. A community planning group should first become acquainted with the services already available, should evaluate the work of the existing social agencies and suggest places where new agencies might fill a need. This council or planning group should help the already existing agencies to accept the new ones and should help the old agencies make the necessary adjustments in their programs. While it is true that the permanent, already existing agencies fear changing their programs during the emergency because of the need to remain in the field after the emergency is over, it is necessary that their programs be kept flexible, giving over some responsibilities to the new agencies and expanding their services in other respects, in order to make the best possible use of all the services available. The council should also help the new agencies plan thoughtfully and carefully in order to integrate their services into the total community pattern.

American Legion Stresses Child Welfare

The American Legion as an organization seeks continually to remind its members of their obligation to the children of America. This year, at the twenty-fourth annual national convention in Kansas City, Mo., September 19–21, 1942, the program of protection and care of children held an especially prominent place on the program.

Resolutions were adopted favoring continuation of the national committee to study postwar problems as they affect children; endorsing the President's recommendation for increased appropriations for grants to the States for maternal and child-welfare services for the period of the war and 6 months thereafter; endorsing the Children's Charter in Wartime and the program for State action adopted by the Children's Bureau Commission on Children in Wartime, and charging each Legion post with the obligation of putting into effect a coordinated child-welfare program in cooperation with its local defense council; recommending the extension of the public-assistance program to reach children in all communities in the Nation in need of assistance in order to assure their fundamental rights and adequate family care; and urging that employment in industry of women with young children should be deferred until full use has been made of all other sources of labor supply, and on that basis offering the cooperation of the Legion in the formulation of sound day-care programs.

Another resolution urged continued support of school noon-lunch projects and school milk projects. The Legion also voted to offer to veterans of the present war the services and experiences of the American Legion child-welfare program.

BOOK NOTES

The June 1942 issue of the Recreation Magazine is the yearbook number—a record of community recreation programs and services in American towns, cities, and counties for 1941. The yearbook lists nearly 1,200 communities with play leadership or supervised facilities, totaling 21,148 separate recreation areas such as playgrounds, parks, camps, recreation centers, and play streets.

As evidence that war pressures make recreation facilities more essential than ever, 1,118 new play areas were reported opened in 1941, but the pace of expansion has been slowed down by the war. The report indicates an increase in the number of leaders employed from regular funds along with an increase in the number of volunteers. Special provisions for meeting war recreation needs are also considered.

* * * * *

The Ohio Study of Recreation Leadership Training, by W. W. Charters and Vaughn W. Fry. Bureau of Educational Research Mimeographs, No. 2, Ohio State University, Columbus, Ohio, 1942. 173 pp. $2.

The training course for recreational leadership now carried on at Ohio State University originated in the lack of a supply of well-trained recreation leaders, and drew upon the Bureau of Educational Research for both direction and techniques. The curriculum was to be based on a supply and demand study and analysis of duties and responsibilities of the recreation jobs and an analysis of the personality qualities which are essential in varying patterns to the efficiency of the recreation worker.

One of the main contributions of the study is the development of a job analysis description of recreation positions which provides a helpful basis for planning and evaluation.

Trends in State Legislation, 1941–42

By Norene McDermott
Industrial Division, Children's Bureau

During 1941 and 1942 the legislative picture in the child-labor field has been colored by the accelerated demand for labor for defense and war needs. Definite attacks on existing child-labor and related standards have been made in a number of States. While these pressures toward a breakdown of existing child-labor standards have been more far-reaching than at any time during the past decade, actually only a few laws were enacted that relaxed employment standards for minors under 18 years of age. Moreover, in a number of States these 2 years have been marked by real advances. For the most part, the standards that were lowered either by law or by administrative order, were directly or indirectly associated with the war emergency and affected principally working-hour standards, commercialized amusement areas, and agricultural work.

Modifications To Meet the Emergency.

Agriculture.—New Jersey and New York both passed laws in 1942 which permit school children to be released from school for work in agriculture. Under the New Jersey law more satisfactory safeguards are set up for the protection of children released than under the New York law. In both States the children must be at least 14 years of age. In New Jersey they may be released up to 15 days in the school year; in New York, up to 30 days.

Both laws require a showing of need for the children's labor before they may be released. In New Jersey this is determined, according to procedures set up in the act, by the Student Service Commission, which administers the act. The 11 members of the Commission include State officials and representatives of public organizations. The New Jersey law also sets up specific procedures to be followed in determining which children may be released and provides additional safeguards for their protection while at work. Children may be sent to work in localities away from home only if they are supervised. Wages paid to students must be not less than those paid to adults for comparable work. Hours are limited to 8 a day for a 6-day week or 10 a day for a 5-day week. Provision must be made so that the children may make up the school work they miss.

In New York the Commissioner of Education is authorized to make regulations for the release of the children, and a certificate is required from the County Agricultural Defense Committee that sufficient adult labor is not available. The pupils are to be in suitable physical condition, and local school authorities are responsible for safeguarding their educational interests. New York, by another act, also lowered its requirements for obtaining vacation-work permits for farm work by providing that neither a pledge of employment nor the name of the employer shall be required for the issuance of such a permit.

Hours of labor.—Pressure for relaxation of hours-of-labor standards began in 1941 with the increased demands for production for defense needs. In that year a number of States adopted legislation affecting hours of labor; in only three States, however, were standards affected for minors under 18 years of age. Nebraska permitted relaxation of its night-work prohibition for females 16 years of age and over under certain conditions on permit from the Labor Commissioner. Connecticut authorized the Governor to suspend certain limitations upon hours of work for women and minors; in addition, "display workers" in Connecticut were exempted from the night-work law for minors and women. Maine exempted female supervisors and assistants 16 years of age and over from its 9-hour day, 54-hour week.

Pressures to relax standards relating to hours of labor that began in the 1941 legislative sessions increased in 1942 following the declaration of war in December 1941. Relaxations of hours-of-work standards were authorized in 1942 either by legislation or by administrative ruling in a number of States. No legislation, however, was enacted which specifically lowered hours-of-work standards for minors under 18. In three States (Wisconsin, Pennsylvania, and Colorado) some modification in hours-of-work standards for minors under 18 years of age was made or authorized by administrative rul-

ing. Moreover, six States (Louisiana, Massachusetts, New Jersey, New York, South Carolina, and Virginia), in passing legislation under which hours standards and other labor laws may be relaxed during the war emergency, have provided specifically that such relaxations would not apply to minor workers under 18 years of age or have limited the application of such legislation to "women" workers.

The one State, Wisconsin, which relaxed hours of work for minors under 16 years of age still has a standard as high as any other State in this respect. The Industrial Commission of Wisconsin, acting under authority given in its child-labor law, lengthened the maximum work week for children between 14 and 16 years of age from 24 to 40 hours; this is applicable, however, for work only during school vacation. The maximum week for minors between 16 and 18 years of age was extended from 40 to 48 hours for minors 17 years of age and, during school vacations, for those 16 years of age. The commission also relaxed the daily and weekly hours of women and minor employees between 16 and 18 years of age in canneries. Under the canning order a 9-hour day, 54-hour week is permitted for minors between 16 and 18 years of age for work during the canning season. Longer hours are permitted for boys between 16 and 18 years of age during emergencies, and boys of 17, physically fit, may be employed under certain conditions without any hours-of-labor restrictions.

In Pennsylvania, which has a maximum 44-hour week for minors under 18, the State Department of Labor and Industry has ruled that boys and girls between 16 and 18 years of age may work as much as 48 hours per week under special authorization of the Department. The Industrial Commissioner of Colorado has issued a blanket Emergency Exemption Order permitting women and minors to work in excess of the legal maximum of 8 hours a day in defense work or war production under certain conditions.

Lowering of Standards in Other Fields.

In addition to relaxations of standards affecting hours of work, certain backward steps were taken in the street-trades and commercialized-amusement fields, areas in which little progress in child-labor regulation had been made. Indiana, in 1941, expressly exempted newspaper carriers from the coverage of the child-labor law, and a large number of States exempted newsboys under 18 years of age from the benefits of their unemployment-compensation laws. In 1941 the District of Columbia and California passed laws relaxing night-work standards for children appearing in theatrical performances. Virginia (1942) eliminated its provision setting a minimum age for children in public performances, permitting appearances of children of any age if a permit is obtained from the Commissioner of Labor.

Three States lowered standards affecting employment of minors in bowling alleys (New Jersey, Michigan, and Wisconsin), a commercialized amusement that has been affected by labor shortages during the emergency. New Jersey (1941) amended its child-labor law adopted in 1940, lowering the minimum age for pin boys in bowling alleys from 18 to 16, and permitting such boys to work up to 11:30 p. m. In 1942 by administrative order Wisconsin and Michigan also lowered the minimum age for pin boys in bowling alleys to 16 years, and in the preceding year Wisconsin passed an act removing boys working as pin setters from unemployment-compensation benefits during the summer months.

Defeated or Pending Proposals.

In addition to the backward steps that were enacted into law, efforts to reduce standards were made during these 2 years in a number of States, but failed to pass. These included bills to relax or to authorize suspension of child-labor or compulsory-school-attendance laws (Virginia, Pennsylvania), to eliminate a 12-year minimum age for farm work done for parents in vacations (New York), to relax night-hour restrictions for boys in bowling alleys or for minors in public performances (Massachusetts, New York), and to lower standards for boys in street trades (California). In New Jersey a number of bills have been introduced which would break down standards. One of these authorizes the Governor to suspend the child-labor law during the present emergency; others would give him authority to suspend the school-attendance law and the home-work law. Another would permit boys between 15 and 18 years of age to work in bowling alleys until 12:30 at night, even while attending school. Since the New Jersey Legislature is still in session, these bills are still pending.

Legislative Advances.

In spite of the pressures on existing standards in the child-labor field, advances were made in 1941 and 1942 that more than offset the backward steps actually taken. Particularly significant was the passage of three new child-labor laws. Florida in 1941 and Louis-

iana and Puerto Rico in 1942 completely revised their laws and adopted standards which place these jurisdictions among those having the most progressive child-labor laws.

These three new acts are similar in many respects. The basic minimum age for employment was raised from 14 to 16 years. Working-hour standards were improved, the new laws setting an 8-hour day, 6-day week, and 40-hour week for minors under 16 in Florida and for minors under 18 in Puerto Rico, and an 8-hour day, 6-day week, and 44-hour week for minors under 18 in Louisiana. The work of children who attend school and work outside school hours was also limited. Night-work standards were strengthened for minors under 18 in all three jurisdictions. All three acts require employment or age certificates for minors under 18 years of age and also establish standards for street trading. Employment of minors under 18 years of age was prohibited in designated hazardous occupations under all three acts, and power was given to a State agency in the case of Louisiana and Florida and to the Insular Industrial Board in Puerto Rico to declare other occupations hazardous for minors under 18.

In 1941 California adopted an act which clarified the application of the work-permit requirement to agriculture. Under this amendment a work permit is specifically not required for a minor under 16 employed in agriculture on work under the control of his parent or guardian and performed on premises owned, operated, or controlled by the parent or guardian; thus, it seems clear that permits are required for employment of children in all other agricultural work.

In addition to the above advances, marked improvement was made by a number of States in specific standards for the protection of working minors.

Three States, Ohio (1941), Montana (1942), and New York (1942), enacted legislation, and three other States, Pennsylvania, West Virginia, and Michigan, adopted administrative orders in 1942 extending prohibitions against employment of minors in specified hazardous occupations. The Pennsylvania order relating to work in mines and the West Virginia orders relating to motor-vehicle occupations, logging and sawmilling, and woodworking-machine occupations were modeled on the Federal orders issued under the child-labor provisions of the Fair Labor Standards Act.

Hawaii in 1941 raised the age to which certificates are required from 16 years to 18 years.

New Jersey adopted a new industrial home-work law in 1941 which included a minimum age of 16 years for licensed home workers. Massachusetts (1941) amended its home-work law so that fees required to be paid by the employers will be increased as the number of home workers employed by them increases, and New York in 1942 strengthened its home-work law by two acts which provided that all home workers are presumed to be employees and not independent contractors and that the employer must distribute work directly to his home workers and not give it out through a distributor.

Montana (1941) established an 8-hour day and 48-hour week for persons working in or about carnivals or circuses, and Maine (1942) amended the law regulating hours of work for girls 16 years of age and over as well as for women, so as to require that they be given a lunch period even during emergencies.

Five States in 1941 enacted laws providing for voluntary apprenticeship under State-approved agreements: Arizona, Massachusetts, Montana, New York, and Washington.

A number of laws affecting school attendance were enacted. Puerto Rico (1942) raised the upper age to which children are required to attend school from 14 to 16 years. New Jersey (1942) amended its school-attendance law to permit nonresident children to be admitted to schools free if such children have been placed in the home of a resident by order of a court or by an agency charged with the care of indigent or neglected children. Virginia (1942) strengthened its administrative procedure for reporting names of children not enrolled in school at the opening of the term; Minnesota (1941), in reenacting its school code, provided for a minimum school term of 8 months instead of "7 to 10" months, as formerly. Michigan (1941) adopted an amendment clarifying its compulsory-school-attendance law by requiring children attending a parochial school to secure work permits before they may be excused from school attendance; this was already required for children attending public schools.

* * * *

It is especially significant that during these 2 years, in spite of the passage of some unfavorable legislation under pressure for defense and war needs, a number of improvements were made in existing child-labor and school-attendance laws, and many efforts to reduce child-labor standards were unsuccessful. This indicates a recognition of the importance of meeting war demands without jeopardizing protective measures for working minors under 18 years of age.

NOTE.—Legislative references on which this article is based can be obtained from the Children's Bureau on request.

Improved Child-Labor Conditions in Connecticut Tobacco Fields

The Connecticut Department of Labor and Factory Inspection reported in September that the annual inspection of Connecticut tobacco plantations made during July and August 1942 showed an encouraging improvement in employment conditions throughout a large part of the industry. Inspections made in the tobacco fields during the summer of 1941 [1] had uncovered living and working conditions so shocking that public opinion had demanded steps be taken to prevent the recurrence of such conditions. An agreement on "standards of employment" was reached during the spring of 1942 between a committee of shade tobacco growers and the State Department of Labor and was signed by 17 of the largest growers.

An important factor in the achievement of notable improvements this year was the appointment of a public-relations adviser, who was familiar with the industry and with the efforts which had been made over a period of years to prevent abuse of child labor in the tobacco fields.

A special effort was made to observe the 14-year minimum-age limitation and to secure proof of age. Consequently, practically no child labor under 14 years of age was found on most of the plantations of growers who signed the agreement. In the 49 fields owned by 21 growers, which were inspected, 2,100 workers, more than one-third of the total labor force, were children under 16 years of age. Nine fields employed children as young as 12 and on one plantation children of 10 years of age were found to be working. The number of youth over 16 years of age was smaller than in other years, because of the employment of those of this age group in defense industries.

Wages were considerably higher than last year. Improvements had also been made in living conditions in the boarding houses maintained for workers, but these were still far from satisfactory.

The department is concerned that gains made this year be held. The report, copies of which can be obtained from the Connecticut Department of Labor and Factory Inspection, Hartford, concludes:

* * * The tobacco industry in general should be subject to the regulations which many of the conscientious growers have accepted voluntarily. With that objective in view the department of labor again recommends the enactment of legislation prohibiting the employment of children under 14 years of age in industrial agriculture.

S. M. S.

[1] See Purtell, Edna M.: Working and Living Conditions on Connecticut Tobacco Plantations. *The Child*, Vol. 6, No. 8 (February 1942), pp. 209–211.

• EVENTS OF CURRENT INTEREST •

The World's Children

By Anna Kalet Smith

Office of the Chief, U. S. Children's Bureau

International Council Meets in Montevideo

The International Council, which is responsible for the administration of the American International Institute for the Proection of Childhood, met in Montevideo, Uruguay, on August 29, 1942. The meeting originally was scheduled for February but was postponed until after the Eighth Pan American Child Congress, which met in Washington in May 1942, so as to enable the Council to consider the work done by the Congress.

The International Council consists of official delegates of American countries belonging to the Institute. Delegates from 10 of the 14 countries attended the meeting. Katharine F. Lenroot, Chief of the United States Children's Bureau and official delegate from the United States to the Council, was represented by Mrs.

Elisabeth Shirley Enochs, a member of the Bureau staff.

The meeting was devoted mainly to the recommendations made by the Eighth Pan American Child Congress. The Council authorized the Institute to carry out the recommendations dealing with the Institute so far as possible. Among them are recommendations (1) for making the Institute a center for scientific study and cooperative action in matters affecting the health, education, and welfare of children, (2) for recognizing it as the permanent organ of the Pan American Child Congresses, responsible for carrying out their resolutions and recommendations, (3) for improving the financial condition of the Institute, (4) for making the Institute the center of information on fellowships available in the American Republics for the training of social workers and public-health nurses, and (5) for expanding its activities in other ways.

The Council asked the Institute to refer recommendations necessitating action by the American Republics to the Governments concerned. These recommendations call among other things for collaboration among the American Republics in the exchange of information, technical knowledge, and professional staff with a view to improving conditions of living for children, for the organization or improvement of social services for children, for the promotion of child-welfare legislation, and for the establishment of committees on the wartime protection of mothers and children in danger zones.

Other resolutions passed by the Eighth Pan American Child Congress were referred by the Council to committees, for instance, resolutions calling for the reorganization of the International Council, the preparation of programs of work for the Institute for a period of not less than 4 years, and the making by the Institute of special studies in cooperation with inter-American and national agencies on subjects such as nutrition problems of the children in the Americas, methods of organizing mothers' education, foster-home placement of children, improvement of institutional care of children, provision for family allowances, improvement in recording vital statistics, and protection of children in wartime.

Some of the committees were appointed at the meeting and were instructed by the Council to make their reports within the year, so that their findings may be communicated to the several Governments.

The Council also decided to send to the Congress on Social Insurance, held in September 1942 in Santiago, Chile, the following delegates: Dr. Roberto Berro, Director of the American International Institute for the Protection of Childhood, Mrs. Elisabeth Shirley Enochs, and Dr. Guillermo Morales Beltrami, Chilean delegate to the Council.

The difficulty of collecting dues from the member countries was brought out at the meeting and was attributed to wartime conditions; the Council permitted the Institute to take the measures recommended by the Congress to meet this difficulty.

It was decided to hold the next meeting of the Council in February 1943.

Source: Draft of Minutes of the Meeting.

Mexico Reports Child-Welfare Progress

The President of Mexico in his annual message to Congress, read on September 1, 1942, referred to the work of the "volunteer committees on child welfare" (comités voluntarios de asistencia infantil). These committees, consisting of middle-class women, collect money and help the Department of Public Welfare (Secretaría de la Asistencia Pública) in other ways to establish and maintain various services for mothers and children. The President stated that in the year just ended these committees were increasingly active in various parts of the country, and among other things helped to establish several new maternity homes, temporary homes for destitute women and their children, centers for the occupational training of unemployed mothers, and day nurseries; they also organized feeding programs for preschool and school children.

The President also mentioned that the National Commission on Foods (Comisión Nacional de Alimentación, in the Federal Department of Public Health) had begun to introduce menus for properly balanced and economical meals in public child-welfare institutions and in foster homes supervised by public-welfare authorities. The second public dining hall for families in Mexico City, which is soon to be finished, will have as its annex an Institute of Nutrition for the study of national food products and the investigation of the nutrition of various parts of the population. A corps of nurses has been organized for teaching mothers to prepare food for children.

The President referred to the progress made in methods of foster care of children. The National Institution for Dependent Children (Casa de Cuna) has been transformed into a temporary receiving home. The number of cottage-system institutions and foster homes has in-

creased. The former, each with accommodation for 20 children, are used as temporary shelters; the foster homes, accommodating not more than 6 children each, are used for permanent stay.

Other sources report increasing attention in Mexico to the problem of juvenile delinquency. The Bureau of Social Prevention of the Federal Department of the Interior (Departmento de Prevención Social de la Secretaría de Gobernación) has been conducting a campaign for the establishment of juvenile courts in all the States of Mexico and has been supplying the States with the necessary information. Individual appeals have been sent recently by the Bureau to the governors of the States that have not yet established juvenile courts.

A decree has been issued recently by the President of the Republic for the organization in the Federal District of a corps of police for the protection of minors. This protective police force will seek to check juvenile delinquency by enforcing the school-attendance law and by taking measures to prevent minors from loafing in streets, begging, and attending places of amusement harmful to their morals. The police will also collaborate with the parents, school authorities, employers, and directors of child-welfare institutions in the investigation of offenses committed by minors; it will participate with the inspectors of the Departments of Labor and Health in the enforcement of protective laws, and it will take measures to provide medical care for children under 18. The agents of police are to be appointed by the Department of the Interior, preferably from among trained social workers.

Sources: El Popular, August 10, September 2, and September 8, 1942. Asistencia, July and August, 1942.

Switzerland Aids Children in Warring Countries

Aid to children in warring countries is at present given in Switzerland by a group of private social-welfare agencies which combined for that purpose and are working under the direction and responsibility of the Swiss Red Cross. The new agency, the semiofficial "Swiss Red Cross—Aid to Children," replaces a private organization established in 1939. It began to function early in 1942. It aims to help children, especially in occupied and unoccupied France and in Belgium, whose parents are war prisoners or have been killed or maimed; children who are refugees; and children who live in localities exposed to frequent bombings. Precedence is given to pretuberculous or malnourished children, and to those suffering from rickets. Children in need of special care are placed in institutions. Most of the work done consists of bringing the children to Switzerland for a 3-month stay. Fifteen thousand children have been brought in since November 1940, mostly from France and Belgium. The children are distributed among private homes, except for Serbian children and some others who are placed in special institutions because of language difficulties. It is reported that this form of placement will be used increasingly.

In addition, "Swiss Red Cross—Aid to Children" has established in France institutions at present accommodating more than 10,000 children, 100 kitchens for feeding children (mainly in refugee camps), and maternity homes. Food valued at 1,000,000 francs has been sent to Athens and distributed by agents of the organization. Aid in various forms has also been given to children in Finland and to Polish refugee children in Lithuania.

Source: Revue Internationale de la Croix Rouge, May and July, 1942.

Palestine Establishes Youth Bureau

After 20 years of observation and planning the Child and Youth Welfare Organization was set up under the Jewish Community of Palestine and began to function at the close of the year 1941.

With the Declaration of The Rights of The Child, known as "The Declaration of Geneva," as its guide and Pro Juventute, the famous child-welfare society of Switzerland, as its model, the organization aims to put on a unified basis the scattered efforts of the child-welfare agencies of the country, to assist them financially and in other ways, and to study the needs of children with a view to bringing about improvement.

The plan for the new agency was conceived by Henrietta Szold, veteran Zionist leader, who used for that purpose the funds collected in her honor in Palestine and other countries.

The organization is governed by a board of representatives of social-welfare and child-welfare agencies.

Investigations of conditions of apprenticeship and domestic work have been begun, and suggestions for the introduction of compulsory education are being developed. A monthly bulletin is being published in Hebrew.

Sources: Child and Youth Welfare Organization—Purpose, Rules, Trust Deed (Jerusalem, 1942, 26 pp.); and Bureau correspondence.

Refugee Children To Come From France

Arrangements have been made through the State Department for 1,000 Jewish refugee children in France to be brought to the United States.

The United States Committee for the Care of European Children, which has raised $900,000 for the care of the children in this country, has posted a bond with the Immigration and Naturalization Service in Philadelphia. This bond guarantees that the children will not become public charges.

In a press conference during October Sumner Welles, Under Secretary of State, declared, in reference to the young refugees, that the Government favors all possible assistance to the children.

Source: New York Times, October 15, 1942.

NOTICE

Reduction in Mailing List for The Child

The Child is meeting emergency requirements through a reduction in the number of pages, elimination of cover pages in color, use of less expensive paper, and other economies. Through these measures the Bureau hopes to continue using The Child as a vehicle for policies, programs, reports, and news items on matters essential for the protection of children and mothers in wartime. Contributions from sources outside the Bureau, such as other Federal agencies and State and local agencies administering wartime programs for children, will be accepted for publication as space permits.

As a measure of wartime economy, it is necessary to make a drastic reduction in the free mailing list for The Child. Beginning with the January 1943 issue, therefore, The Child can be sent without charge *only* to the following:

Members of Children's Bureau Advisory Committees; the Commission on Children in Wartime; and local supervisors of social statistics.

Federal, State, and local public officials.

Libraries.

Periodicals sent to the Children's Bureau in exchange for The Child.

Persons outside the United States who now receive The Child.

All others who wish to continue to receive The Child may subscribe through the Superintendent of Documents at the rate of 50 cents a year ($1 for 2 years). A discount of 25 percent can be obtained on quantity orders of 100 or more copies sent to the same address. Social Statistics, published from time to time as a supplement to The Child, will be sent to all paid subscribers.

Social Statistics will continue to be sent without charge to agencies reporting under the project for the registration of social statistics, but others now on the list will be asked to subscribe to The Child.

* * * * *

The Index and Title Page to Volume 6 of The Child (July 1941–June 1942) are now available and will be sent to anyone requesting them.

SUBSCRIPTION FOR THE CHILD

Superintendent of Documents,
Government Printing Office,
Washington, D. C.

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CONFERENCE CALENDAR

Nov. 10–12 Southern Medical Association. Thirty-sixth annual meeting, Richmond. Secretary: C. P. Loranz, Empire Building, Birmingham, Ala.

Nov. 17–18 Ninth National Conference on Labor Legislation. Indianapolis. Called by the Secretary of Labor.

Dec. 27–29 National Conference on Family Relations. Cleveland.

Dec. 29–31 American Association for Labor Legislation. Annual meeting, Cleveland. Permanent headquarters: 131 East Twenty-third Street, New York.

Dec. 29–31 American Sociological Association. Cleveland.

Negro History Week, February 7–14, 1943

The eighteenth annual observance of Negro History Week, February 7–14, will take the form of a national demonstration of what the Negro has done to advance democracy. The sponsoring organization is the Association for the Study of Negro Life and History, 1538 Ninth Street, N. W., Washington, D. C., of which Mary McLeod Bethune is president. Negro History Week posters for use in schools and elsewhere can be obtained free by writing to the Association.

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the need of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Communications and requests to be placed on the free official mailing list should be addressed to Miriam Keeler, editor, The Child, Children's Bureau, U. S. Department of Labor, Washington, D. C.

The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington, D. C., at 50 cents a year; foreign postage, 25 cents additional; single copies, 5 cents.

UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

DEC 19 1942

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Services for Crippled Children in Wartime Hawaii

By Richard K. C. Lee, M. D., Director, and Mabel F. Johnson, Orthopedic Nursing Consultant, *Bureau of Crippled Children, Board of Health, Territory of Hawaii.*

Hawaii, a year after the attack on Pearl Harbor, is continuing the program of care for crippled children carried on since 1936 through Federal grants for services for crippled children under the Social Security Act.

In the wake of the first attack certain services, particularly hospitalization and transportation of patients, were curtailed because of the unpredictable situation in the islands. Shortly after December 7, 1941, all hospitals were placed under jurisdiction of the Army and only emergency cases were hospitalized. All crippled children who could be discharged from the hospital were sent back to their homes for convalescent care as soon as transportation could be arranged. For boat transportation, which had been discontinued, transportation by plane was substituted between Honolulu and the outside islands.

After a period of approximately 8 weeks children with conditions other than those needing immediate attention were again allowed to be admitted to these hospitals. The pressure of added work was felt by the doctors on our staff; thus at first we were very selective in the types of cases that were admitted, as hospital space, doctors, and children had to be considered. In the hospitals evacuation drills became a routine procedure for all patients. All children under 6 years of age had their identification tags. Those over that age had identification cards with their finger prints. Plans were made for evacuation of crippled children from the hospitals and from their homes to areas that were considered safer.

The cost of care for crippled children including hospitalization, transportation, appliances, convalescent and foster-home care which had gradually increased prior to the outbreak of war, became more exaggerated. This was due to higher cost of living, lack of supplies, shortage of manpower, and greater demand for goods in war industries. On the other hand, there was increased independence among families of the lower-income groups in providing medical and surgical care for their children. It was interesting to note that only a few parents were hesitant about giving consent to surgery because of the fear of sending their children to Honolulu, which was considered the most dangerous part of the war zone. It was also surprising that the fear of hospitalizing their children was greater among parents living on the island of Oahu, on which Honolulu is located.

The Bureau of Crippled Children has been working without a medical-social consultant since May 15. Attempts were made to meet this situation through the cooperation of the local existing agencies — the medical-social workers on the hospital staffs and the social workers in the Department of Public Welfare assisted when problems arose in our patients' families and social services were needed. In the meantime, continued efforts were made to obtain a qualified medical-social worker to fill the vacancy. Of the doctors in the Bureau of Crippled Children only two, both eye surgeons, had been inducted into the armed forces. Children needing eye surgery who resided on islands where surgical services by eye specialists were not available were brought to Honolulu for care.

A study of our crippled children's register showed that 29 crippled children had been evacuated with their families from the Territory to the mainland after January 1, 1942. Of these, 27 were Caucasian, one was a Filipino, and one was Chinese. Because of the need for military secrecy their evacuation was not reported to this office at the time nor were their destinations made known to us. Hence, we were unable to relay information to the State agencies participating in the crippled children's

program regarding previous treatment given to these children or recommendations made for their follow-up care. Four war casualties of the December seventh incident have been registered with this Bureau. These cases were given care by other agencies such as Shriners' Hospital and the City and County Medical Department. The Bureau of Crippled Children provided a brace in one case. However, this Bureau's policy is that in all cases where orthopedic and plastic care is required, service is given if other agencies are unable to provide service and if these cases are eligible for our service.

During the fall of 1941 plans were made to decentralize the clinic services from the board of health building in Honolulu to district centers in the city and rural Oahu. Six centers were established in Honolulu and seven in rural Oahu. This plan worked out very satisfactorily, eliminating, to a great extent, transportation difficulties of patients to and from the clinics. The services rendered crippled children were thus further generalized by turning over the responsibility of the clinics to the local public-health nurses; consequently, a better follow-up of cases was realized. Through the cooperation of the Army and the United States Public Health Service, one full-time health officer was placed on each of the islands of Kauai, Maui, and Hawaii. As part of their duties and responsibilities they acted as local representatives for the Bureau of Crippled Children. Administratively this proved a valuable contribution to the crippled children's program, as this setup allowed the staff of the Bureau of Crippled Children to give more consultative service. Clinics for crippled children were scheduled at 6-month intervals in all centers on Oahu and on the outside islands. Cooperative plans were worked out with the Shriners' Hospital in Honolulu whereby the orthopedist employed by the Shriners would be the clinician on the outside islands and the Bureau of Crippled Children would assume responsibility for the major portion of the expense of holding these clinics, and also would assist by sending public-health-nursing consultants on its staff to supervise in the clinics.

On the islands of Kauai and Hawaii the Bureau of Crippled Children paid the salary of a public-health nurse on the nursing staff. On Hawaii the nurse was a physiotherapist with public-health training, who acted as assistant to the supervisor of public-health nursing and as a public-health-nursing consultant for the crippled children's program to the local public-health nurses on that island. On Kauai the public-health nurse specially trained in work with crippled children and a staff nurse acted in a supervisory capacity on crippled children's cases.

Since more responsibilities were placed on the local public-health nurses in carrying the crippled children in the nursing field, the nurses felt the need for more staff education to aid them in the follow-up of these children. In September 1942 a symposium was held on poliomyelitis. The disease was studied and discussed by the public-health nurses in regular study groups. The series of classes culminated with a lecture and discussion period with one of our orthopedic surgeons. Plans were made to devote a period of 6 to 8 weeks in December and January to a study of orthopedic problems and nursing follow-up. An orthopedic surgeon, the Director of the Bureau of Crippled Children, the orthopedic-nursing consultant, and the medical-social consultant will take an active part in these study groups. A plan was worked out whereby nurses on the outside islands would study a particular problem selected by their group and would set aside time to confer with the orthopedic-nursing consultant and the medical-social consultant on their regular semiannual visits to the outside islands. In spite of the war a public-health nurse was sent to a mainland school in September for a 9-month period to receive special education in supervision and orthopedic training.

The crippled children's class at Kawananakoa School under the direction of the Department of Public Instruction had an enrollment of 13 children including some with cerebral palsy, poliomyelitis, and heart disease. They were transported by means of taxi and were checked regularly by Shriners' Hospital and by the orthopedist of the Bureau of Crippled Children and given nursing supervision by the orthopedic-nursing consultant. There was a rapid turnover among these children as they were placed in regular school as soon as it was thought advisable to do so by the examining orthopedist.

Despite adverse circumstances and inconveniences, the annual summer speech class was held in July and August of this year. Although classes were held only in the morning and convalescent care was not given, the class was as successful as those of previous years. The enrollment was limited to children with post-operative harelip and cleft-palate, who resided on the island of Oahu.

There had been a general improvement in the convalescent-home and foster-home program just preceding the declaration of war, when a graduate nurse with training in orthopedics

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was employed by the Convalescent Home. She directed the nursing activities and assumed responsibility for carrying out the physiotherapy treatments in the home under the supervision of the orthopedist, the attending pediatrician, and the staff of the Bureau of Crippled Children. However, because of the many difficulties the manager of the home had in getting competent help, the home was discontinued in June 1942. Since that time the Department of Public Welfare has assisted the Bureau of Crippled Children in placing a few children in foster homes. It became more difficult to find these homes as the demand for labor took many of the women out of their homes for more profitable remuneration than they received from the placement agency. The routine of these homes was upset by the strain and added worries which the war caused. There was an unwillingness in these mothers to assume the added responsibility of caring for a crippled child in a home that was not functioning in the normal way. As a result of this, crippled children who have had treatment in the hospital had a longer period of hospitalization than was the case before the war.

The sudden demand for labor in Hawaii took about a third of our orthopedic minors over 14 years of age into employment. This came about with no thought of training for vocation that considered the individual's physical defect. This trial-and-error method upset the usual organized plan of counseling, vocational training, and placement. However, there was another side to be considered—that of the feeling of independence which the opportunity for employment gives to an older youth with a physical handicap. This may be illustrated by the following case: A boy 17 years of age was afflicted with poliomyelitis which caused a slight instability of his left foot in walking. Just before December 7 the orthopedist had recommended stabilization of the left foot if the patient desired, although this was not urgent. Before surgery could be scheduled war came, and the boy's father was one of the war's casualties. The bread winner in the family had been removed, and the patient felt the need to seek employment. He was given a defense job of surveying with a salary of $135 per month. He became the main support of his family.

Many other crippled children worked full time doing a normal person's work in the emergency, and we hope that this will help to prove that rehabilitated crippled children of suitable age can assume their places among normal workers in normal times.

The Bureau of Crippled Children of the Health Department of the Territory of Hawaii continues to be the public agency responsible for all services for crippled children in the Hawaiian Islands. With added assistance under martial law civilian agencies concerned in the protection of public health are continuing to provide medical and health services for the civilian population. The Bureau's aims for crippled children, here in a combat zone, are to assure the provision of all the services required for the complete care and rehabilitation of crippled children.

Radio Programs

The regular radio program of the Children's Bureau, "Children in Wartime," is given over the blue network each Tuesday at 12 to 12:15 (eastern war time). Each of these programs features some problem of child behavior or adolescent behavior under the stress of wartime. Dr. George S. Stevenson, noted authority on the problems of childhood, is on the program each week, discussing with parents how best to manage their children during the war period.

School Lunches in Wartime will be the subject of the National Radio Forum broadcast given by the Agricultural Marketing Administration of the Department of Agriculture on December 9 at 10:15 p. m. (blue network, eastern war time). Participants will be Roy F. Hendrickson, Administrator; Dr. Martha M. Eliot, Associate Chief of the Children's Bureau, and Dr. John W. Studebaker, Commissioner, U. S. Office of Education.

Resolution on Care for Employed Mothers

Adopted by Ninth National Conference on Labor Legislation, Indianapolis, November 18, 1942

Whereas increasing employment of women in industry necessitates special provisions for safeguarding the health and welfare of expectant mothers who are employed: *Therefore be it Resolved*, That the Ninth National Conference on Labor Legislation urge the State departments of labor and industrial establishments employing women to encourage the adoption of policies concerning work assignments, working conditions, and provision for maternity leave that will promote the efficiency of the working force and protect the health of mothers and their infants, and that full support be given to community measures for assuring adequate maternity care for employed women who cannot otherwise obtain such care.

BOOK NOTES

W. K. Kellogg Foundation—The First Eleven Years, 1930–1941. Published by the Trustees of the W. K. Kellogg Foundation, Battle Creek, Mich., 1942. 217 pp.

The charter of the W. K. Kellogg Foundation sets forth its purpose as "the promotion of health, education, and welfare of mankind, but principally of children and youth, directly or indirectly." In carrying out the stated purposes the foundation adopted the policy of using its resources mainly in the application of knowlege rather thau in research or relief. For its goal it chose the objectives set forth in the Children's Charter of the 1930 White House Conference on Child Health and Protection.

Over the 11 years, projects have included establishment of county health departments, diagnostic laboratories, and maternity nursing service; assistance in rural-school consolidation; assistance in building up school programs for handicapped children, nutrition, recreational training, and camps; establishment of a professional library; grants to various organizations in the public-health field and a fellowship program. The plan for carrying out these projects has been to define and measure the problem; to organize individuals facing similar problems; to stimulate through presentation of local problems; to develop specialized adult educational programs; to give financial assistance over a limited period, and to provide grants-in-aid for buildings and equipment. Approximately half of the pages contain photographs of the activities.

Food Consumption and Dietary Surveys in the Americas, by Robert Morse Woodbury. International Labor Office, Montreal, Canada, 1942. 64 pp. 35 cents.

For the Eleventh Pan American Sanitary Conference held in Rio de Janeiro in September 1942, Dr. Woodbury has analyzed the results of studies of food consumption undertaken since 1933 by various government agencies of nine countries in the Western Hemisphere. These studies dealt for the most part with the diets of families of urban wage earners and agricultural workers. So far as possible the data have been reduced to a common basis to facilitate comparison among studies in the various countries.

In general the studies show that wage earners and their families in the more prosperous food-producing countries have better diets than in countries less favored economically. However, even in Canada and the United States few of the families studied had diets that were adequate in all respects. There is striking evidence of the need for national nutrition policies directed toward raising the level of nutrition.

The Prospective Mother; a handbook for women during pregnancy, by J. Morris Slemons, M. D. Fourth edition. D. Appleton-Century Co., New York, 1942. 274 pp. $2.50.

Various topics discussed more extensively than in earlier editions, or introduced for the first time, include heartburn; the role of salt in the diet; a mathematical formula for estimating the weight of the fetus; vitamins; and the rhythmic period of fertility. A chapter on the care of the newborn has been contributed by Dr. Phillip E. Rothman, Professor of Clinical Pediatries at the University of Southern California.

Children's Bureau Publications

Food for Young Children in Group Care, by Miriam E. Lowenberg. Children in Wartime, No. 4, Bureau Publication No. 285, Washington, 1942. 34 pp.

As a contribution to the national nutrition program this bulletin was prepared for the Children's Bureau by Miss Lowenberg, assistant professor of child development and foods and nutrition, Iowa State College. It is intended to aid persons responsible for the feeding of young children in groups, as in day nurseries, nursery schools, and day-care centers for children of working mothers.

Maternity Care for Wives of Men in Military Service and Medical Care for Their Children. Children's Bureau, Washington, October 1942. 7 pp. Processed.

Medical and hospital obstetric and pediatric care for the families of men in military service is being provided by many State health departments through Federal maternal and child-health funds under the Social Security Act. This leaflet describes the growing need for such care, the development of State plans, and the working of a typical plan.

Which Jobs for Young Workers?

Advisory Standards for Employment of 16- and 17-Year-Old Youth in War Industries

The Children's Bureau has recently embarked on a program of service to employers in essential industries by offering guidance in selecting occupations for young workers that are suited to their age and strength. The purpose is to point out the hazards of various occupations in which 16- and 17-year-old boys and girls are working at present or are likely to be working and, on the basis of these hazards, to suggest the kinds of work in which they should or should not be employed. The vehicle to be used is a series of leaflets setting forth advisory standards for the guidance of employers, each dealing with one or a group of specific industries or processes. In these advisory standards consideration will be given both to accident hazards and to the health hazards, including those resulting from exposure to toxic substances.

The wisest and most efficient use of the increasing number of minors in the working force of our war industries is a "must" of today's social planning. Of special concern are the adolescent boys and girls entering the labor force, who are undergoing rapid physical, mental, and emotional changes in the transition from childhood to adult life. In general, they are not so well developed physically as adults; they are less prudent and have poorer judgment. They are adventurous—to many of them the job itself is an adventure and to take risks is an accepted part of living. Thus they are more likely than older persons to neglect the use of personal protective measures and the observance of other necessary safe practices. Moreover, it is widely accepted that growing boys and girls are more susceptible to injury from industrial poisons than mature individuals.

These young persons are going into the war production industries in larger and larger numbers. Reports of employment and age certificates issued for minors indicate that twice as many 16- and 17-year-olds entered regular employment in manufacturing industries in 1941 as in 1940. Many war plants are now for the first time considering the use of workers under 18. It is important both for efficient production and for the preservation of future manpower that immature workers of 16 and 17 be placed in employment suited to their strength and capacities and so far as possible protected from the industrial hazards to which their youth and inexperience make them particularly liable.

Some protection of young workers through prohibition of their employment in certain hazardous occupations, either by specific prohibitions or through administrative rulings, has been given by State child-labor laws, but these provisions have long been recognized as inadequate even in normal times. About half the States have little or no protection of this kind for minors of 16 and 17 years.

The child-labor provisions of the Fair Labor Standards Act of 1938 which establishes a minimum age of 16, provide a method of affording such protection to young workers in establishments producing goods shipped in interstate commerce, by giving the Chief of the Children's Bureau power to find and declare occupations particularly hazardous for minors of 16 and 17 years. Since the enactment of this Federal law the Children's Bureau has issued six hazardous-occupations orders, which in effect prohibit employment under 18 years of age in the occupations covered.[1] But the procedure for determining and legally declaring an occupation to be particularly hazardous under the Fair Labor Standards Act does not lend itself to the quick action necessitated by a war emergency. For this reason the advisory standards method has been developed, which offers a speedy and flexible way of meeting immediate needs in the fast developing war industries. Moreover, being advisory rather than mandatory these standards are not limited to interstate industries but are general in their application.

These advisory standards, which are being prepared with the advice of employers, em-

[1] Occupations already declared particularly hazardous by the Children's Bureau and prohibited under 18 years of age are: (1) All occupations in explosives plants; (2) motor-vehicle drivers and helpers on motor vehicles; (3) all occupations in coal mining with the exception of specified surface occupations; (4) all occupations in logging and sawmilling with specified exceptions; (5) operation of woodworking machines and certain types of off-bearing; (6) occupations involving exposure to radioactive substances.

ployees, and organizations interested in safety, will point out occupations in which young workers 16 and 17 years of age may be employed with relative safety, as well as occupations in which minors under 18 should not be employed because of the particularly hazardous nature of the work. The general use of these guides to the hiring of youth 16 and 17 years of age by employers and by groups concerned with safeguarding young workers, should help to reduce the high accident rates among new employees and make for a more satisfactory and efficient contribution by young workers to the Nation's war industries.

These standards are to be published by the Bureau in a series of leaflets under the general title: "Which Jobs for Young Workers?" The following are now in press:

Employment of Young Workers in War Industries (an introductory statement).
Shipbuilding.
Lead and Lead-Using Industries.
Industries Using Carbon Disulphide.

Other leaflets in preparation set up advisory standards for welding, use of chlorinated solvents, operation of cold-metal-forming machines, and use of benzol. Additional fields will be studied and standards formulated as the program develops.

Child-Labor Notes

Sixteen-Year Minimum Age for Girls Under Public Contracts Act

An order[1] issued by the Secretary of Labor on November 11, 1942, establishes under the Public Contracts Act the same minimum age for the employment of girls as is set by the child-labor provisions of the Fair Labor Standards Act; that is, a minimum age of 16 years. Before the issuance of this exemption order the minimum age for girls was governed by the 18-year standard set for them by the Public Contracts Act with an exemption permitting a 16-year minimum only in certain industries.

This exemption for the employment of girls 16 and 17 years of age, issued under powers granted the Secretary of Labor by the act, was made in order to prevent the retardation of essential production and interference with the successful prosecution of the war. A request for the exemption was made by the Secretary of War, the Secretary of the Navy, and the Chairman of the Maritime Commission, supported by written findings. As special safeguards with reference to the working conditions under which 16- and 17-year-old girls are employed by contractors subject to the act it is provided:

That no girl under 18 years of age shall be employed for more than 8 hours in any one day, or between the hours of 10 p. m. and 6 a. m., or in any way contrary to State laws governing hours of work.

That no girl under 18 years of age shall be employed in any operation or occupation which, under the Fair Labor Standards Act or under any State law or administrative ruling, is determined to be hazardous in nature or dangerous to health.

That for every girl under the age of 18 years employed by him the contractor shall obtain and keep on file a certificate of age showing that the girl is at least 16 years of age.

That a specific and definite luncheon period of at least 30 minutes be regularly granted any women workers under 18 years of age.

That no girl under 18 shall be employed at less than the minimum hourly rate set by or under the Fair Labor Standards Act or the Walsh-Healey Public Contracts Act for the industry in which the exemption is granted.

[1] Code of Federal Regulations, title 41, Public Contracts, ch. II—Division of Public Contracts.

Two Hazardous-Occupations Orders Amended

Hazardous-Occupations Order No. 4 on logging and sawmilling, and No. 5 on occupations involved in the operation of power-driven woodworking machines—both originally issued in 1941 by the Chief of the Children's Bureau under the Fair Labor Standards Act—have recently been amended to open certain areas of employment to young workers 16 and 17 years of age where they can be employed without excessive hazard.

The amendment to Order No. 4, effective September 12, permits the employment of minors 16 and 17 years of age in a number of the less hazardous jobs outside the sawmill proper, chiefly in the packing of shingles and the handling or shipping of dry lumber. This amendment was made because of the acute labor situation existing in certain areas of the lumber industry, producing for war needs, and is limited in effect to the duration of the war and 6 months thereafter.

Apprentices in specified skilled trades where the use of power-driven woodworking machinery is intermittent and for short periods of time only and is incidental to their apprentice training are removed from the coverage of Hazardous-Occupations Order No. 5. Under this amended order, effective November 13, 1942, young people may be employed as apprentices in the specified trades of patternmaker, cabinet maker, airplane-model maker, ship joiner, or moldloftsman before they reach the age of 18 provided they are at least 16 years of age and are employed in accordance with a written apprenticeship agreement approved by the Federal Committee on Apprenticeship or other authority recognized by this Committee.

Subcommittee Appointed on Young Workers in Wartime Agriculture

A Subcommittee on Young Workers in Wartime Agriculture has recently been appointed to advise the Children's Bureau in its program for the development and promotion of safeguards in the use of young workers in wartime agriculture. The subcommittee, which will operate under the Bureau's General Advisory Committee on Protection of Young Workers, is composed of representatives of farm, labor, education, and safety groups and other agencies concerned with employment of young workers on farms, and advisers from various Federal agencies.

Under the chairmanship of Courtenay Dinwiddie, general secretary of the National Child Labor Committee, this subcommittee held its first meeting in Washington on November 13 and 14. In addition to a general review of the summer's experience in the use of boys and girls as emergency farm workers and of the standards for safeguarding young workers in wartime agriculture as outlined by the conference called by the Bureau in June the subcommittee undertook through two sections to work particularly on problems relating to community organization and supervision and to safety.

Announcement From the National Child Labor Committee

Breaking its custom of more than 35 years, the National Child Labor Committee has decided as a wartime measure to omit a special Child-Labor Day observance in 1943.

"Consideration of child labor is more important today than ever," states the announcement of the Committee. "The war has brought new needs and new problems. All sorts of proposals to suspend child-labor laws for the 'duration' are being advanced—and acted upon. Every State, every community, every local organization must be on the alert to protect its children—all the year round. * * * School is the primary job for children under 16 years. Work outside of school hours must be carefully limited both as to the type of work and the hours of work."

The National Child Labor Committee (419 Fourth Avenue, New York) urges churches, schools, civic organizations, and women's clubs to continue and to intensify their interest in child labor. It stands ready, as always, to keep organizations and individuals informed of local child-labor conditions and needs and to send program suggestions, exhibit material, and leaflets to anyone wishing to arrange a child-labor program.

Child-Labor Inspections

The following incidents, culled from reports of inspections made recently by the field staff of the Industrial Division, give some indication of the degree to which child-labor standards are threatened at the present time.

Explosives.

In a large plant engaged in manufacturing explosives for the War Department, an accidental explosion resulted in the death of 48 workers. Since the news stories indicated that minors were employed in the plant, an inspection was made. It was found that 146 minors under 18 years of age—2 of them under 16—had been employed in occupations found and declared to be hazardous by the Chief of the Children's Bureau. The minimum age established under the Fair Labor Standards Act for hazardous occupations is 18 years. The company officials stated that they had not been aware of the 18-year minimum age and immediately discharged all the underage minors.

Power-Driven Woodworking Machines.

Hazardous-Occupations Order No. 5 sets a minimum age of 18 years for the occupation of

operating power-driven woodworking machines. A complaint was received from a public agency in a large midwestern city that a 16-year-old boy had lost one finger and seriously injured two other fingers while operating such a machine. An investigation substantiated the complaint and revealed that two other boys under 18 years of age were employed in the same occupation by the same company. One of these boys had returned to work just 2 weeks before the inspection after an absence of 2 months because of an injury sustained on the job. Action on this case is still pending.

Shrimp Packing.

As a result of repeated inspections, the employment of young children in shrimp canneries and "raw houses" on the Gulf Coast has been sharply reduced. In similar establishments on the Atlantic Coast, which have been inspected only once or twice prior to this fall, an inspector is finding serious violations. The 16-year minimum age applies to most occupations in these establishments. In 1 raw house 25 minors under 14 years of age and 7 between 14 and 16 were found to have been employed. The youngest of these were 8 years old. Local school officials complained that school attendance fell off sharply whenever there was work to be done in the fish house and that many children, after absenting themselves from school a few times to work, later withdrew from school entirely.

Child Labor and Youth Employment

Excerpt From a Program of Action Adopted by Ninth National Conference on Labor Legislation, Indianapolis, November 17, 1942

The fast mounting demands upon the adult manpower of the Nation have brought a tremendous increase in the employment of children and youth under 18. At least twice as many in these age groups were certificated for employment in 1941 as in 1940, and this increase is continuing in 1942. This has meant that many boys and girls in high school and even in the grades have had their schooling cut short. It is a situation which demands the serious attention of the Nation. Older youth can help in the war effort and with increasing demands of the emergency these older boys and girls will more and more be called upon to play their part. If they are to do this effectively, there must be careful planning and guidance for their participation in the war effort with due regard to established child-labor and school-attendance laws for the conservation of their health, safety, and educational opportunity and in accordance with the following basic principles:

1. No child under 14 as a part of any hired labor force.
2. No child under 16 in any manufacturing, processing, or mining occupation.
3. No minor under 18 in any occupation declared to be particularly hazardous for young workers under State or Federal laws.
4. Guidance of youth 16 to 18 years of age whose work is essential to the war effort into occupations suited to their age and capacity in which they can make the greatest contribution with the least hazard to their health and well-being.
5. Available women and men over the draft age to be utilized before youths under 18 are recruited.

The Conference recommends also that special attention be given by the appropriate State agencies and community groups to plans for recruitment and employment of school-age boys and girls for emergency agricultural work. It urges that State departments of labor take an active part in cooperation with other groups in the State in seeing that such plans are developed with appropriate safeguards for the health and welfare of children employed in wartime agriculture, and that State departments of labor make special efforts to enforce such provisions of State child-labor laws as are applicable to children employed in agricultural work.

The Conference emphasizes that there are still untapped reserves of adult labor which can and should be called upon before boys and girls are called upon to leave school or to carry a double burden of school and work. It commends the efforts of Federal and State agencies in developing plans to protect the children and youth of the Nation in the present emergency, and urges full cooperation in carrying out such standards and policies for safeguarding their employment in wartime.

Day-Care Notes

Proposals for State Legislation on Day Care of Children

Suggested State legislation relating to day care for children and child-care centers has been proposed by the Council of State Governments, Chicago, Ill., and is included in its Report No. 2, Suggested State War Legislation for 1943. These bills, with an interpretive summary, are being issued by the Children's Bureau and will be sent on request.

The proposals are the result of review of existing legislation and the need for strengthening such legislation in certain States, by the Children's Bureau in consultation with other Federal agencies. On the basis of this review material was made available to the drafting committee of the Council of State Governments and considered by the drafting committee with the participation of representatives of Federal agencies.

Substantially similar proposals also were considered by the Children's Bureau's Advisory Committee on Day Care at its meeting on October 26 and 27, 1942, and the committee on legislation of the Children's Bureau Commission on Children in Wartime in session November 2, 1942. The measures were discussed at length by both these groups, which were unanimous in approving the suggested legislation in principle.

A number of States will not need special legislation inasmuch as specific language or interpretation of general language in existing statutes will cover the needs which the proposed legislation is designed to serve.

State Plans for Day-Care Services

The Alabama State plan for day-care services, submitted by the Alabama Department of Public Welfare, was approved by the Office of Defense Health and Welfare Services on November 9, 1942. This approval was made on the recommendation of the Children's Bureau and was for the period November 1, 1942, to March 31, 1943. The Alabama plan is the first to be approved under the allocation of $100,000 from the Emergency Fund for the President to the Office of Defense Health and Welfare Services for the stimulation and coordination of day-care programs.

State plans for day-care services under this allocation have been received by the Children's Bureau from Arkansas, California, Georgia, Missouri, and New Jersey. These plans are at present undergoing review by the Children's Bureau and the Office of Defense Health and Welfare Services.

Resolution on Care of Children of Working Mothers

Adopted by Ninth National Conference on Labor Legislation, Indianapolis, November 18, 1942

Whereas the Ninth National Conference on Labor Legislation recognizes that large numbers of women not now employed will have to be recruited for employment in essential activities, and that among the women now employed and those who will be added to the ranks of wage earners are many mothers of young children, and

Whereas sound employment policies and carefully planned community services are necessary to make it possible for women to perform necessary services as wage-earners and as home-makers and mothers: Therefore be it

Resolved, That the Ninth National Conference on Labor Legislation urges that in order that established family life may not be unnecessarily disrupted, special efforts to secure the employment in industry of women with young children be deferred until full use has been made of all other sources of labor supply and, further, that whenever it is found that women with young children are gainfully employed in essential activities, or that labor requirements have not been met after the exhaustion of all other sources of labor supply, it is essen-

(*Continued on page 91*)

BOOK NOTES

AIMS AND GUIDES FOR IMPROVING THE PRACTICE IN CAMPING. Published by Committee on Camping, Children's Welfare Federation of New York City, 435 Ninth Avenue, New York, 1942. 63 pp.

This statement results from discussions over a year of 91 persons represeuting 65 member agencies of the Children's Welfare Federation of New York City.

The material represents items common to all camps and is to be considered not as a finished statement but as one in a stage of continual improvement.

The foreword points out that the statement is a "departure in purpose and procedure. Standards, in the full sense of the word, are practically impossible to formulate. To attempt it would tend to freeze practice. The purpose here is to free practice and give guidance. A minimum of good practice is indicated, but the top is left open."

* * * *

A group of articles in *Federal Probation* (published by the Bureau of Prisons, Department of Justice) for July–September 1942 (Vol. 6, No. 3), deals with the role of the United States Attorney and law-enforcement officers, the judge, the probation officer, the Bureau of Prisons, and the parole board in the application of the Federal Juvenile Delinquency Act. In the same issue is a review of the Federal juvenile-delinquency program after 3 years, and an article on foster-family and noncorrectional school placement for Federal juvenile offenders. An article on Juvenile Delinquency in Wartime is contributed by Elsa Castendyck, Director of the Social Service Division, Children's Bureau.

Children in Wartime

DEMOCRACY MEANS ALL OF US. Federal Security Agency, Office of Defense Health and Welfare Services, Nutrition Division, Washington, 1942. 30 pp. How communities can organize to study and meet community needs with special suggestions for developing nutrition programs in wartime.

THE FOOD FRONT, a series of 11 lectures. Federal Security Agency, Office of Defense Health and Welfare Services, Washington, 1942. 52 pp. Includes a paper on nutrition and the child, by Martha M. Eliot, as well as papers on various related aspects of the national nutrition program and two on the British food supply.

VOLUNTEERS IN FAMILY SECURITY. Office of Civilian Defense, Washington, 1942. 15 pp. A manual written to explain the need for volunteers in family-security services, what volunteers can do and how they should be trained with a reading list for volunteers and a list of agencies which may use volunteer services.

THE RURAL CHILD IN THE WAR EMERGENCY, by C. S. Marsh. Committee on Rural Education. Chicago, 1942. 35 pp. 10 cents. Report of a conference on the rural child in the war emergency called jointly by the Committee on Rural Education and the American Council on Education, Chicago, July 10 and 11, 1942.

FOR OUR CHILDREN IN WARTIME. Child Welfare League of America, 130 East Twenty-second Street, New York, 1942. 5 pp. A proposal for citizen action to assure the welfare of children threatened by war.

DAY CARE OF CHILDREN OF WORKING MOTHERS, by Dorothy Campbell Tompkins. War Bibliographies No. 2. University of California, Bureau of Public Administration, Berkeley, 1942. 9 pp. 35 cents. A list of references on day nurseries and on the day-care program in this country and in England.

THE WARTIME ADJUSTMENT OF THE EXCEPTIONAL CHILD. Child Research Clinic, Woods Schools, Langhorne, Pa., 1942. 50 pp. The changing conditions children are confronted with under wartime conditions, their effect on the exceptional child, and the problems encountered under dislocated conditions, as discussed by the Eighth Institute on Education and the Exceptional Child, May 26, 1942.

HOME PLAY IN WARTIME, by Virginia Musselman. National Recreation Association, 315 Fourth Avenue, New York, 1942. 19 pp. 10 cents to cover postage and handling charges.

This booklet is a manual of home fun offering suggestions for individual activities, but concerned primarily with the family group as a whole. Suggested activities are discussed under the headings of games, reading-radio-hobbies; music-drama-handicraft and play space. A 2-page bibliography covers additional suggestions for most of the activities mentioned.

LET'S SING THE SAME SONGS. National Recreation Association, 315 Fourth Avenue, New York. 13 pp. 5 cents per copy; $2.50 per hundred.

Twenty familiar songs have been selected for their appeal and meaning as well as for the pleasure of singing them. They are made available in this form so that they may be learned easily and sung from memory—in homes, clubs, and if need be, while waiting for the "all-clear" signal.

* * * *

Recent pamphlets issued by the Fabian Society (11 Dartmouth Street, SW1, London) include the following:

THE HEALTH SERVICES 1: Maternity and Child Welfare, the School Medical Service, the Tuberculosis Service, by R. B. Thomas. Fabian Research Series 49, Gollancz, London, 1941. Price, 1s.

THE HEALTH SERVICES 2: The Hospital Services, by Somerville Hastings. Fabian Research Series, No. 59. Gollancz, London, 1941. 24 pp. Price, 6d.

COMMUNITY FEEDING IN WARTIME, by Barbara Drake. Research Series No. 64, Gollancz, London, 1942. 29 pp. Price 6d.

THE EDUCATION OF THE BACKWARD CHILD, by Mary Stewart, with a preface by Margaret Cole. Research Series No. 57, Gollancz, London, 1941. 24 pp. Price 6d.

NURSERY EDUCATION, by Dr. B. Stross. Tract Series No. 255, London, 1941. 16 pp. Price, 3d.

Maternal and Child Health in Venezuela

With Special Application to Rural Conditions

By Anna Kalet Smith,

Office of the Chief, U. S. Children's Bureau

Child-health work in Venezuela, modernized on a Nation-wide scale since the change in that country's public-welfare policies in 1936, has developed into a system considered outstanding for its coordination and effective cooperative effort. This work, organized by the Ministry of Public Health and Social Welfare (Ministerio de Sanidad y Asistencia Social) through its Division of Maternal and Child Hygiene, is intended to serve not only cities but perhaps in greater measure the heretofore neglected rural population.

Organization of Work.

In the national capital, Caracas, the Ministry maintains the Instituto de Puericultura (Institute of Child Hygiene). Established in 1936[1] mainly for the purpose of training graduate physicians and nurses for maternal and child-health work, the Institute has become a composite force of far-reaching potentialities. In addition to its facilities for instructing members of the medical and nursing professions in child care, the Institute operates a prenatal clinic, a clinic for children from birth to school age, a children's diet kitchen and milk station, a day nursery, a kindergarten, and a division for premature infants. The Institute also investigates conditions affecting children in the capital, and evaluates methods of maternal and child-health work for their possible application to the entire country.[2] There are also eight maternal and child-health centers and at least one pediatric clinic in Caracas.

Outside the capital the maternal and child-health work is done by the public-health units (unidadas sanitarias), a new form of service finding increasing application in Latin America. These units have been established in Venezuela since 1936, when the Ministry of Public Health and Social Welfare sent physicians to Costa Rica and Panama to study similar agencies in those countries.[3] The purpose of these units is to decentralize a part of the public-health work in order to bring it closer to the people and to serve the whole family. They provide treatment for syphilis, tuberculosis, hookworm, and other diseases—in some localities, dental treatment and attendance by a midwife at childbirth—and carry on immunization work, bacteriologic laboratory work, and preventive maternal and child-health work. Early in 1942 there were 37 such units in cities and towns of Venezuela.[4]

In 70 areas not served by the public-health units rural public-health physicians (médicos rurales) are stationed for the main purpose of providing treatment to indigent persons; but they also do various kinds of preventive work, including that for mothers and children, although on a much smaller scale than the public-health units. They are employed jointly by the Federal Government, the States, and the municipalities: a few are employed by the States only. A special division was established in the Ministry of Public Health and Social Welfare in 1942 to supervise their work through traveling controllers.[5]

Maternal Health Work.

One of the main objectives of the new Government policy is the reduction of maternal and infant mortality rates. To this end prenatal clinics were established at the Instituto de Puericultura and the maternal and child-health centers in Caracas; elsewhere, at the public-health units; some prenatal work is also done by the rural public-health physicians.

Treatment for syphilis is compulsory under a law of 1941, which also orders physicians and

[1] Boletín del Ministerio de Sanidad y Asistencia Social, Caracas, November 1939.

[2] Memoria y Cuenta del Ministerio de Sanidad y Asistencia Social (Contiene las actuaciones correspondientes al año civil de 1941), Caracas, 1942.

[3] Boletín del Ministerio de Sanidad y Asistencia Social, Caracas, December 1938, p. 1934.

[4] Adelante Obtenido en los Servicios de Higiene Maternal e Infantil desde el Septimo Congreso Panamericano del Niño, presented to the Eighth Pan American Child Congress, Washington, May 1942.

[5] S. A. S., Boletín de Educación Sanitaria, July 1942.

midwives to test for these diseases all expectant mothers applying for services.[6]

The mothers attending the prenatal clinics are instructed individually in personal hygiene, are given literature, and are visited at their homes by public-health nurses. The nurses are expected to report to the physicians any pregnant woman in need of medical care and to arrange for delivery in the home with a physician or a qualified midwife in attendance, or to find accommodations in a hospital. It is also the duty of the public-health nurses to instruct the mothers in health protection and home management and to urge regular attendance at the prenatal clinics. As a result of the recent establishment of a school of social service the use of social workers in the field of health work is expected to develop.

Mothers are protected by the labor law of 1936,[7] which, in addition to prohibiting for all women night work and work in strenuous, harmful, or dangerous occupations, also forbids the employment of expectant mothers on work requiring "considerable physical effort," or for 6 weeks before confinement; employment within 6 weeks after childbirth is also prohibited. Additional leave is permitted if the woman is unable to return to work because of illness resulting from pregnancy or childbirth. Her place of employment must be reserved for her during the authorized absence. Under the social-insurance law of 1940 [8] the insured woman worker is entitled to two-thirds of her wages during the 12 or more weeks of her authorized leave and to prenatal, obstetric, and postnatal care; obstetric care is also available without additional charge for the dependent wives of insured men.

Investigations in the past have shown that few of the practicing midwives have been trained according to the standards prescribed by law and that 70 to 80 percent of women [9] in cities and rural districts were attended at childbirth by untrained midwives, with a resulting high maternal mortality. Therefore, the Ministry of Health and Social Welfare issued in 1937 a regulation whereby women lacking a midwife's diploma from the School of Medicine may exercise their profession only if they receive an authorization from the Ministry; then they may practice only in a specified district and under the supervision of the Division of Maternal and Child Hygiene of the Ministry. Brief courses required for these midwives have been given in Caracas and at many of the public-health units and in the localities served by the rural public-health physicians. Many of these women later settled to practice in rural districts. The public-health units keep records of the midwives in their respective districts and supervise their practice.

In many localities mothers unable to pay for care receive free delivery service either at home or in hospitals, at the expense of the municipal, State, or Federal Government. Efforts have been made by many public-health units, in cooperation with the local public-welfare authorities, to provide additional maternity beds in hospitals; as a result the number of such beds has multiplied five times in the last 6 years.

The effects of this policy of the Venezuelan Government have already become evident. The report of the Ministry of Public Health and Social Welfare for 1941 states that in the city of Caracas the maternal mortality in 1940 was 30 per 10,000 live births, the lowest in the years 1935 to 1940.[10] Some of the public-health units outside Caracas point out in their statements for 1941 that the maternal mortality rate among women receiving prenatal care in their districts was lower than among those not receiving such care.

Child-Health Work.

The Ministry of Public Health and Social Welfare has taken steps to institute health supervision over children as soon after birth as possible. To this end birth registration has been made compulsory within a week after birth, whereas formerly births were reported at the time of baptism. The new rule, first applied in Caracas in 1940, is being gradually extended to other parts of the country. Physicians, midwives, parents, and other persons knowing of the birth of a child are required to report it to specified authorities within a week. The report is followed up by a public-health nurse who advises the mother to bring the child to the health center and instructs her in proper care of herself and of the child.

Child-health work is done by the child-health centers existing in many cities and towns either independently or in connection with the public-health units, also to a varying extent by the rural public-health physicians. Cases of illness are referred to clinics and hospitals. Free dental care is also available in some localities.

The results of this work for the entire coun-

[6] Adelante Obtenido en los Servicios de Higiene Maternal e Infantil desde el Septimo Congreso Panamericano del Niño.
[7] Gaceta Oficial, Caracas, July 16, 1936.
[8] Gaceta Oficial, Caracas, July 24, 1940 (special number).
[9] Adelante Obtenido en los Servicios de Higiene Maternal e Infantil desde el Septimo Congreso Panamericano del Niño.
[10] Memoria y Cuenta del Ministerio de Sanidad y Asistencia Social (Contiene las actuaciones correspondientes al año civil de 1941), Caracas, 1942.

try cannot be evaluated because of the incompleteness of the national statistics on infant or child mortality; but a decrease in infant mortality has been reported by a number of public-health districts.

Health Work for School Children.

The Ministry of Health and Social Welfare also has charge of the health work for school children. The work in Caracas, which with its surrounding territory comprises the Federal District, is organized more thoroughly than elsewhere in the country. The city is divided into 12 districts, each with about 3,000 school children and with a separate school clinic. A physician on a half-time basis and a nurse are in charge of each clinic.[11]

The school children are given a complete examination upon entering school, again 3 years later, and again before graduating. The examination is supplemented by an investigation of the home conditions. In 1941 almost one half of the 26,000 school children in the Federal District were examined in this way. Children in whom the teacher suspects the presence of some physical or mental condition requiring attention are examined at any time. Treatment is provided at the Central Clinic for Special Diseases, maintained in the capital for school children only, at other clinics, and at hospitals.

A dental clinic with seven full-time dentists, each assisted by a nurse, is maintained for school children in Caracas by the Government.

Malnourished children are referred to the nutrition clinic for school children in Caracas, which is staffed by a physician, a social worker, and a nurse; and their homes are investigated. When malnutrition is due to insufficient food the children are referred to the school lunchroom conducted in Caracas by the Government, where a nourishing meal is served daily.

Three recuperation colonies for the school children of Caracas are also operated by the Ministry. At these colonies, situated on the seashore or in the mountains, a 3-month rest is given to children, selected by the school physician, who need to recuperate from a recent acute illness, who suffer from a chronic non-contagious disease, such as secondary anemia, rickets, glandular disorders, or who live under very unfavorable conditions of hygiene. During the children's stay at the colonies efforts are made to develop in them good habits of hygiene in the hope that they will continue them upon return to their homes.

The school-health authorities also take measures for the prevention of transmissible diseases and for assuring hygienic conditions in the school buildings and on the grounds.

Outside Caracas health work for school children is carried on by the public-health units, but on a less extensive scale, because so far no special personnel has been appointed for that purpose.

Health Education.

Health work for mothers and children is supplemented by special educational measures. For the graduate physicians and nurses intending to take up such work in any part of the country, special courses have been given at the Instituto de Puericultura; a required course in pediatric clinic and child care was added in 1942 to the curriculum of the School of Medicine of the University of Caracas, in compliance with the education law of 1940.[12] The same law also makes instruction in child hygiene compulsory for girls in the fourth grade in all schools. To prepare teachers for this subject a special course was given in at least 13 cities in 1941; it was attended by a great majority of the women teachers of the country.

Talks on health are given to school children and parents, popular literature is distributed, and information on health is made available through the newspapers, the radio, and motion pictures.

The work of health education has come to be considered so important that a special division (Sección de Propaganda Sanitaria) was established in 1942 in the Ministry of Health and Social Welfare.[13] This division is expected to take steps to reach the great masses of people and to acquaint them with the dangers of disease and methods of preventing it.

[11] *Id.*

[12] *Id.*

[13] S. A. S., Boletín de Educación Sanitaria, Caracas, July 1942.

Dr. Horton Casparis, Physician to Children

Children everywhere have lost a champion as well as a physician with the sudden death on November 11, 1942, of Horton Ryan Casparis, M. D., at the age of 51 years. Dr. Casparis was closely associated with the Children's Bureau as chairman of its Advisory Committee on Maternal and Child Health and as a member of the Children's Bureau Commission on Children in Wartime. He was a graduate of Johns Hopkins University School of Medicine and in addition to being professor of pediatrics at Vanderbilt University was pediatrician in chief at Vanderbilt Hospital, Nashville, Tenn. He was a fellow of the American Medical Association and was attending the annual conference of the Southern Medical Association in Richmond at the time of his death. He was also a fellow of the American College of Physicians and a member of the American Pediatric Society.

The care of children was Dr. Casparis' consuming interest as well as his profession, and their emotional and mental well-being was as dear to him as their physical health. In a communication to the Chief of the Children's Bureau, written only a few weeks before his death, he stated:

> In considering the care of children we should never lose sight of the fact that because of inheritance we shall be dealing with all types and qualities of human material. And no stronger or no better human structure can be built than is permitted by the quality of that particular human material. But there are certain fundamental needs common to all which are basically essential to general welfare and progress. These are known. The means by which they can be satisfied can be made available. And by making available the means or provisions for servicing these basic needs essential to general child welfare, we are offering equal opportunity to all commensurate with their ability to appreciate or learn to appreciate the value to themselves of these provisions; and commensurate with their willingness to weave this appreciation into their own fabric of effort. The extent to which people can, will, and actually do take advantage of these provisions gives us our various social and economic levels.

The basic needs of children as outlined by Dr. Casparis are security, to be met through provision for health, nutrition, housing, education, social security, and safety; provision for care before, during, and after birth; recreation and work; discipline looking toward law abidance; and healthy mental attitudes and morale.

Resolution on Care of Children of Working Mothers

(*Continued from page 86*)

tial that every reasonable effort be made to adjust assignments to shifts of women with young children, in such manner as will cause the least disruption in their family life, and be it further

Resolved, (1) That in localities where substantial numbers of women are employed in essential activities, community programs for the care of children of working mothers be developed, with the participation of representatives of labor and management, such programs to include information services and types of care suited to the needs of children of varying ages and circumstances; and

(2) That the States and the Federal Government provide leadership and financial assistance as required to supplement local resources, on the principle of grants-in-aid to the States and State aid to local units of government.

Toys for a Wartime Christmas[1]

NOTE.—The selection of Christmas toys this year is likely to prove a puzzling affair. Toy seekers may find some helpful suggestions in the following paragraphs from an article prepared by Donald F. Heany, Specialties Staff, Bureau of Foreign and Domestic Commerce, Department of Commerce. Although directed toward toy manufacturers and dealers, this article contains much that is applicable to the purchase of toys.

The educational, psychological, and physiological value of the toys selected should be considered as always. Simplicity, durability, safety, and—in toys for infants—washability are as important as ever. Young children still need toys that afford opportunity to develop large-muscle coordination and body balance. Toys and games that encourage participation are usually preferable to "spectator" toys. With a general knowledge of what is desirable in toys supplemented by some specific information on what is obtainable, parents should be able to approach the Christmas toy displays with a fair amount of confidence.

Toy production the world over has been curtailed by shortages of material and by Government decree. * * * There are no statistics available on the national stocks of toys and games. However, as a consequence of the voluntary rationing system inaugurated by toy train manufacturers, we know that stocks of toy trains will average less than half of 1941 stocks. The situation as to wheel goods is somewhat the same. Stocks will not last until Christmas. The toy stoves, irons, sewing machines, telephones, phonographs, and typewriters which have been so popular in previous years are available only in limited quantities. Rubber dolls are conspicuous by their absence. However, stocks of games, wooden toys, doll furniture, dishes, blackboards, costumes, and blocks are practically unlimited. * * *

The war has had indirect as well as direct repercussions in the toy industry. New toys are on the market, reflecting the rapid developments in the adult world. In the wheel-goods display, the emphasis will be not on fire engines and automobiles, but on jeeps, baby tanks, PT boats, battle wagons, commando cars, and antiaircraft guns. Games will be built around coastal-defense problems, enemy-plane detection, civilian-defense activities, and world geography. There is a paratroop doll on the market, a device for catapulting planes, dolls dressed as WAVES, WAAC's, civilian defense officials, and nurses' aids. One manufacturer has even developed a bank resembling a bomb! The influence of the war has not permeated all lines of toys, however. Toys designed especially for girls are the least influenced. "Mama" dolls, toy furniture, dishes, and stuffed toys are still the best sellers as far as the "young mother" is concerned. * * * Some stores have enlarged their book display, with emphasis on pictures of military personnel and equipment. Displays of children's costumes and uniforms will receive a more prominent place in the toy department this year. * * * On the doll counter an effort has been made to replace rubber dolls with elaborate rag dolls. More and more publicity is being given to a "build your own" program sponsored by the model toy industry. Wood, cardboard, and clay construction sets are selling in increasing quantities. * * *

[1] From an article of the same title published in *Domestic Commerce Weekly*, November 26, 1942.

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FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS
JAN 15 1943

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

• **CHILD WELFARE SERVICES** •

Wartime Emergencies and Long-Range Child-Welfare Programs

By Emma O. Lundberg
Consultant in Social Services for Children, U. S. Children's Bureau

In January 1940 when the members of the White House Conference on Children in a Democracy discussed the needs of children and adopted a report on essentials of a program for child-care and protection, they were keenly aware of the meaning to children of the conflict then raging in many parts of the world. Already there was thought of the part that our country must play in the protection of children of other lands, and activities were under way for providing sanctuary to children who must seek refuge from physical danger and those whose lives had become intolerable because of political and racial persecution. The Conference recognized fully that the well-being of the children of the United States would inevitably be affected by world conditions and that there was greater need than ever before to safeguard the heritage of freedom and opportunity which is the birthright of the children of the United States. The nearness of the tragedies of other countries lends realism and urgency to the appeal of the Conference that we strengthen our institutions and build strongly for the future of American childhood.

In its "Call to Action" the Conference proposed a long-range program for carrying out its recommendations. "Time will be necessary to put some of the proposals into effect. This is a program for 10 years, and some of it for a longer period. But even immediate measures require a perspective and an orientation; the larger program should be revealed in taking next steps."[1]

During the period since the final sessions of the Conference in January 1940 follow-up activities have been initiated in more than half of the 48 States and the recommendations of the Conference have been given Nation-wide publicity in many general and professional publications and through the programs of National and local organizations. In at least 26 States "White House Conference Committees" or "Citizens' Committees" have been organized with the official sanction of the Governor or as voluntary groups representing a wide range of child-welfare interests. Almost without exception these committees, in conformity with the pattern set by the parent conference, have been concerned with "the whole child," giving equal recognition to health, education, and social welfare. Special emphasis has been placed upon the family as the threshold of democracy and on the basic need for security of family life. Following the lead of the Conference, which for the first time in the history of these decennial gatherings included this topic as a vital part of a child-welfare program, the importance of religion in the lives of children has been stressed by State groups and by national organizations.

Although the activities of some of the State committees have not extended beyond one State-wide meeting or a series of regional conferences, the experience of collaboration by all organizations concerned with children and the planning of a unified program which had as its slogan "Our Concern—Every Child" has been of immeasurable value. This of itself would have made a significant contribution to preparation for the period of defense activities and the war emergency. But the Conference went much further than this in setting the goal for efforts in behalf of children in the form of definite objectives—National, State, and local—toward which we must strive in order to maintain and to promote the well-being of our children in normal times and in times of stress.[2]

[1] Children in a Democracy—General Report Adopted by the White House Conference on Children in a Democracy, January 19, 1940, Washington. P. 83.

[2] Standards of Child Health, Education, and Social Welfare: Based Upon Recommendations of the White House Conference on Children in a Democracy and Conclusions of Discussion Groups. Children's Bureau Publication No. 287, Washington.

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The gathering war clouds were already so much in evidence that the dates of the 1940 Conference were set ahead several months, and very soon thereafter preparations were being made for defense activities. But only within the past year have we come to realize the full significance of the words of Frances Perkins in her opening address as chairman of the Conference:[3]

> There is an intention and a purpose in American life today, no matter what the storms, no matter what the stresses, no matter what the economic and social problems of the world may be. It is our intent and purpose to keep our minds firmly fixed upon the welfare of our children and to promote that welfare under all conditions, recognizing that they are the vitality, after all, of this great experiment which we are making upon this continent.

In the urgency of immediate action along many lines during the defense period, so soon followed by the war effort, there was danger that the broader objectives of the State White House Conference committees would be obscured. It is worthy of note that in only one or two instances have State committees definitely ceased to function, although some of the groups have become dormant or have transferred their programs to deliberative rather than action organizations. On the other hand, within the past few months committees in at least two States have undertaken programs which hold the promise of vitality and forward-looking purpose and which are definitely related to the war emergency program while promoting the long-range objectives of the White House Conference recommendations.[4] There are indications of a renewal of definite activities in a number of States in which the long-range plans were for a time overshadowed by defense and war emergency activities.

The program outlined by the Conference on Children in a Democracy is built upon objectives which can be attained only through unified and long-continued effort in each State and in each locality. But, as so often happens in connection with programs of this kind, even when emergency needs do not have the spotlight, long-range plans sometimes tend to become long-drawn-out plans.

The war emergency has put an end to this complacency. Needs become dramatic when seen against the back-drop of war conditions. Deliberate planning must be replaced by quick, decisive action to meet urgent needs which cannot await political expediency or be delayed because of reluctance to face boldly problems that may affect established institutions and procedures. "First things first" is an excellent idea, but all too often it proves to be an "alibi." The wartime emergency points the moral to the importance of many of the problems, the need for which has been recognized for many years. The wisdom of Grace Abbott's oft-quoted remark that we cannot feed children skim milk for years and make up for it later by giving them cream is borne in upon us from many directions. The results of physical handicaps, malnourishment, and neglect are found in men unfit for military service, and lack of schooling takes on deeper meaning when drafted men must be rejected because of illiteracy.

In the light of present situations we can see more clearly the importance of healthful living conditions, attention to physical ills, and State and community responsibility for the development of sound minds and sound bodies. Children can be assured of essentials in the future only if we begin now to lay the foundation for the security of all children in every State and in every community.

Many of the activities necessitated by war conditions should be temporary in the sense that they are intended to provide for emergency conditions, but it is dangerous to undertake them piecemeal and haphazardly. Long-range planning is needed in order that they may not become a bar to progress. To cite one illustration, if we are to avoid the kinds of panaceas which followed the Civil War in the construction of Soldiers' Orphans' Homes and State "schools" for dependent children, and which would have followed the World War but for the farsightedness of the American Legion, we must relate provision for emergency needs to the larger plan for community services.

The present day-care problem is a case in point. Provision of day care for children is urgent in many communities and the needs must be met without delay. But employment of mothers of young children must take into account the hazards to children who are left without the safeguards which the home should provide. Standards of physical care and training of young children in day nurseries or day-care centers must be equal to the standards recognized as essential for children similarly provided for in ordinary times, and supervised activities must be made available for older children when schools are not in session. The lessons learned from joint planning and unified action by social service, education, and health agencies should bring us closer to wise methods of dealing with "part-time orphans," always a

[3] Proceedings of the White House Conference on Children in a Democracy, p. 3. Children's Bureau Publication No. 266, Washington, 1940.

[4] The California Citizens Committee and a committee in Kansas now in the process of organization.

problem in a great many communities. The problem has usually been dealt with piecemeal and has been unrelated to other services for children in the community. We have much to gain from the wartime experience. But we have a great deal to lose if we do not protect the rights of these children and if we permit institutions which should exist only during the emergency to become permanent activities which hamper the development of constructive community services.

Juvenile delinquency, another serious problem in communities especially affected by war conditions, is now claiming much attention. The methods proposed for combating delinquency are mainly those which have been recognized for a great many years—secure and healthful home life and substitution of constructive influences for harmful conditions in the community. The seriousness of this wartime problem should bring a realization of the importance of general application of the principles of prevention and treatment of juvenile delinquency so long subscribed to in theory but neglected in practice.

Child labor, with its corollary of lack of school opportunities, is becoming an increasingly serious problem in many areas. The greatest danger now lies in the tendency to waive or ignore legal requirements and standards which have been developed through the years. Not only will this mean that large numbers of children will be deprived of opportunities for an education during these times of stress, but also that the hard-won battle for standards relating to school attendance and protection of children against injurious employment may have to be fought over again if the children of the post-war era are to be assured of essential physical and educational safeguards.

Legislation is needed in order to make effective some of the services required for the care and protection of children in wartime. Care must be taken so that emergency legislative measures will not duplicate or weaken protective laws already on the statute books. Where modification of legal requirements is found to be necessary to promote the wartime effort, these temporary exemptions should be limited to such areas as actually require them, and safeguards should be enforced so that they will not prove to be a handicap to children when the emergency has passed. Legislation directed toward wartime needs should be planned by a State body equipped to give careful consideration to the relationship between such proposals and existing legislation. The long-range objectives of laws and administrative measures for the protection of children must not be lost sight of.

The program of State action formulated by the Children's Bureau Commission on Children in Wartime includes 10 measures which should be given consideration in every State.[5] The Commission makes the following suggestions regarding organization for carrying out the program:

1. Fixing responsibility for planning, coordination, and leadership on some representative State group. Wherever practicable this group should be a committee or subcommittee of the council of defense, whose work should be properly related to the work of other defense-council committees including those dealing with emergency and protective measures.

2. Inclusion in the State committee of representatives of State departments of welfare, health, education, and labor, and of State-wide organizations concerned with children; especially, representatives of active State White House Conference committees and other groups having a similarly broad purpose, with provision for full cooperation with such groups.

3. Organization of a representative local committee, when practicable, as part of the local defense council.

It will be noted that this plan presupposes the continuance of active groups such as State White House Conference Committees with a long-range program of concern for all children, and especially recommends that committees specifically concerned with problems of children in wartime shall include representatives of such groups. The need for continuing State organizations such as those created to follow up the recommendations of the White House Conference is becoming increasingly evident. If a world made more secure for all children is to emerge from this period of stress, planning must be based on the standards which experience has found to be essential for the well-being of children. These standards must not be lost sight of in the urgency of wartime measures.

Citizen groups representative of the varied interests concerned with the welfare of all children in the State and in its communities can be of very great service by keeping before the public the need for maintaining good standards of legislation and administration and promoting cooperative action in behalf of children. The active participation of all State and local groups which have been working toward a unified program of child health, education, and social welfare will be needed especially in connection with post-war planning.

[5] See *The Child*, October 1942, pp. 46–47.

Protection of Children in Wartime Through Legislation

As part of the Program of State Action the Commission on Children in Wartime, through its Committee on Legislation, has outlined a number of problems which may require legislative action. The situation varies in the several States, with regard to both the need for specific types of protection and the extent to which laws now on the statute books provide the required safeguards. Care must be taken that new proposals do not weaken existing laws. Development of child-welfare legislation should be a process of harmonizing statutory provisions with continually evolving standards of child health, education, and social welfare essential to the well-being of children. Administrative measures are in large part dependent upon legislative authority.

The following subjects were discussed by the Committee on Legislation as points to which particular attention should be given by State committees concerned with legislation:

1. Community maternal and child-health and school-health programs.
2. Licensing and supervision of maternity hospitals, maternity homes, and other institutions providing maternity care.
3. Modification of medical licensure laws.
4. Care of children of working mothers.
5. Public-assistance programs in relation to wartime needs of children.
6. Licensing and supervision of child-caring institutions and agencies.
7. Provision for support of children under foster care at public expense.
8. School opportunity and school attendance.
9. Child labor and youth employment.
10. State aid to local governments for child-health and child-welfare services.
11. Appropriations for State agencies serving children.
12. Liberalization of residence requirements for employment in State or local government service.

A report giving detailed statements in regard to each of these 12 subjects suggested by the Committee on Legislation for consideration of State bodies concerned with legislation is now being prepared for the committee and will be available from the Children's Bureau.

It is recognized that some States already have ample provision for dealing with certain subjects in this list, either through specific laws or through legislation which may be construed to cover emergency conditions. In some States, however, there is urgent need for legislative action which will help to insure the safety of children under conditions brought about by the war emergency. Laws directed toward wartime problems should be planned by a State body equipped to give careful consideration to the relationship between such laws and existing legislation relating to the welfare of children.

Some of the subjects suggested for consideration for wartime legislation present needs which are not new but which are aggravated by wartime conditions. They are problems which have been too long neglected and which now stand out dramatically in certain areas because they are impeding the war effort. The urgency of action is not lessened by the fact that they are long-time problems. Rather, the emergency emphasizes the necessity for planning wartime legislation and administrative action in harmony with the standards of child health, education, and social welfare which should prevail for all children in normal times as well as in wartime.

Legislation Regulating Part-Time Care of Children

Rapid and unregulated growth of enterprises offering part-time care for children, especially by individuals or organizations whose interest is primarily commercial, opens the way to serious hazards to the health and welfare of children.

Nearly every State has legislation providing for licensing and supervision of child-caring institutions and agencies and boarding homes for children. However, the laws in only a few States provide specifically for the regulation of part-time services. Some cities in scattered areas throughout the United States have ordinances regulating such services, but these are effective only within the territorial limits of the municipality.

Within recent months legal interpretation in some States has brought persons and organizations offering day-care services to children under the provisions of the general State laws and regulations licensing child-caring institutions or boarding homes. Special laws have been enacted in four States providing for the licensing of such persons and organizations. In five States the law licensing child-caring institutions generally, or boarding homes specifically, mentions persons and organizations providing care on less than 24-hour basis and in nine other States these laws have been interpreted to be broad enough to cover such care. Two States have been licensing such persons and organizations under the law establish-

ing their welfare department, which contains a grant of power to that department to license and supervise institutions and agencies and boarding homes.

Fourteen States have general laws providing for the licensing of child-caring institutions and agencies, and boarding homes. Three States and Puerto Rico have no substantive law but give regulatory power to a State department. As far as is known official interpretations have not been made in these 18 jurisdictions as to whether or not part-time care is subject to regulation under these laws, but it is thought that some of them can be so construed.

In 11 States and in Alaska, Hawaii, and the District of Columbia there is no law licensing child-caring agencies and institutions or boarding homes or the existing law is inoperative or has been declared not applicable to part-time care.

Even where some authority already exists for State regulation, the scope of the laws and the procedures authorized thereunder are frequently seriously inadequate for the end in view.

BOOK NOTES

THE SUBNORMAL ADOLESCENT GIRL, by Theodora M. Abel and Elaine F. Kinder. Columbia University Press, New York, 1942. 215 pp. $2.50.

Girls dealt with in this book are those 14 to 19 years, inclusive, who according to adaptations of the Binet test were found to have intelligence quotients between 50 and 90.

The stated main purpose of the book is to present the difficulties which the girl of subnormal mental development encounters in her home, in a school, or in a factory. It also considers problems of the girl who has been committed to an institution for mentally deficient. One chapter deals with those considered "seriously maladjusted" who engage in habitual truancy, running away, petty thievery, and sex experience. A comprehensive review is attempted of the burden imposed on agencies, institutions, and the community as a whole by the subnormal adolescent girl.

The nature of mental retardation, from the quantitative and qualitative point of view, is presented, clinical and diagnostic approaches to the problem are described, and the manner in which mental retardation is detected and its extent determined through the use of psychometric tests, is explained. The final chapter considers origins and control of mental retardation.

PROBATION AND PAROLE IN THEORY AND PRACTICE: A STUDY MANUAL, by Helen D. Pigeon. National Probation Association, New York, 1942. 420 pp.

In these days of war, with its attendant staff shortages, and with increased need that each individual make a contribution to the efforts of his country this manual is aimed to assist probation and parole officers and others concerned with the correctional field in their efforts to help persons with whom they work to become more useful citizens. It was prepared as a textbook to be used in connection with in-service training.

The material is presented in four parts. Part 1, The Correctional Program, presents history, organization, and practices of law-enforcement agencies, detention facilities, the courts, probation services, penal and correctional institutions, and a chapter on release procedures. Part 2, The Behavior of the Individual, deals with some factors aimed toward increasing the understanding of behavior. Part 3, The Treatment of the Individual Case, is concerned with some methods of case-work practice, with record writing, and with supervision of staff. Part 4 is entitled "Public Relations and Publicity."

A WAR-TIME HANDBOOK FOR YOUNG AMERICANS, by Munro Leaf. Frederick A. Stokes Co., New York, 1942. 64 pp. $1.25.

"Every real American boy and girl wants to do his or her share to help win this war and bring it to an end * * * this book is a guide to many ways in which we can help and do our duty as the young citizens of the United States." These opening words indicate the subject matter of this book. Simple language and large print make the text suitable for the young reader. There are numerous line drawings to attract his interest, and both these and the text will bring many a laugh.

From the chapter entitled "In the Home" ("Just about the most important rule for making a home pleasant is to be CHEERFUL"), through chapters on first aid, collecting, and good neighbors, practical and appropriate ways in which the young citizen can help are made to sound interesting and worth while.

HALF A CENTURY OF PROGRESS, by Ira L. Smith. Association for Childhood Education, Washington, 1942. 48 pp. 50 cents. Review of the past 50 years of the Association for Childhood Education, formerly the International Kindergarten Union.

JULIUS ROSENWALD FUND—REVIEW FOR THE TWO-YEAR PERIOD 1940–1942, by Edwin R. Embree. Julius Rosenwald Fund, Chicago, 1942. 39 pp. A report on the program for the improvement of education and the development of enlarged opportunities for Negroes, and for the betterment of race relations.

A MESSAGE TO FOSTER PARENTS. Department of Social Welfare, Children's Division, Providence, R. I., 1942. A leaflet offering suggestions on how to handle problems that may arise among children during wartime.

A CHILD WENT FORTH. New York State Department of Social Welfare, Albany, 1942. 69 pp. An account of the influence, conditions, and factors behind the commitments of 150 children to State training schools.

MENTAL HEALTH LEAFLETS: No. 1, The "Nervous" Child, by Douglas A. Thom, M. D.; No. 2, When Does a Patient Need Treatment in a Mental Hospital? by Clarence A. Bonner, M. D.; No. 3, The Right Attitude Toward Mental Illness, by Charles E. Thompson, M. D. Massachusetts Department of Mental Health, and Massachusetts Society for Mental Hygiene, Boston, 1942.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

BOOK NOTES

NUTRITION AND CHEMICAL GROWTH IN CHILDHOOD: VOL. I, EVALUATION, by Icie G. Macy, Ph. D. Charles C. Thomas, Springfield, Ill., 1942. 432 pp. $5.

In the course of more than 2 decades devoted to investigation of biochemical and metabolic processes during growth and development, Mrs. Icie G. Macy Hoobler and her associates in the Research Laboratory of the Children's Fund of Michigan not only have increased scientific knowledge of the processes involved in the life cycle of man but have also developed and adapted techniques for investigation of human subjects. In this first of two volumes on Nutrition and Chemical Growth in Childhood, Dr. Macy has described fully the techniques that have been applied in the laboratory and has presented in integrated form the results of previously published observations and the results of more recent investigations which have been concerned chiefly with normal children between the ages of 4 and 12 years.

Representative data are presented of the average normal range of intake and excretion of 18 chemical substances, and data on the chemistry of the blood, with special emphasis on the formed elements. Special attention is given to the "possible relationships which must be considered in the interpretation of experimental results obtained with living human subjects." The chemical studies were "supplemented by observations and determinations which may be classified as pediatric, anatomic, psychometric, physiologic, anthropometric (and) roentgenologic."

The data presented are fundamental to the understanding of the biochemical processes during normal growth. Perhaps even more valuable for future accumulation of knowledge in this field are the descriptions of techniques and the standards established for control of experimental procedures.

A second volume will be devoted to interpretation of the data presented in this first volume.

M. M. C.

THE FEEDING OF CHILDREN FROM ONE TO FIVE YEARS. Ministry of Health, Great Britain. H. M. Stationery Office, London, March 1942. 18 pp. Price, 4d. net.

This memorandum was prepared to show how the dietary requirements of the preschool child as indicated by recent developments in the science of nutrition can best be met within the limitations of present food rations and supplies in England. Directions are given for using dried skimmed milk. Appendix 1 gives 22 daily menus, and appendix 2 gives recipes for meals that will feed 50 children.

THE FUTURE OF THE HOSPITAL SERVICES, by John A. Ryle, M. D. *Public Health* (London), Vol. 56, No. 1 (October 1942), pp. 5–6. Proposal for a unified hospital service in England, to replace the present "voluntary" system, by the Regius Professor of Physic in the University of Cambridge.

HOSPITAL DISCHARGE STUDY, VOL. 1, by Neva R. Deardoff, Ph. D., and Marta Fraenkel, M. D. Welfare Council of New York City, New York, 1942. 209 pp. An analysis of 576,623 patients discharged from hospitals in New York City in 1933. Includes a discussion of the characteristics of the patients in general, their demographic data, the regional relationship between residence of patient and location of hospital, and the financial relationship between patient and hospital.

OPPORTUNITY, by T. Arthur Turner. National Society for Crippled Children, Elyria, Ohio, 1942. 20 pp. A short story of the development of a program for crippled children in America during the last 2 decades.

FOOD IN THE LIVES OF OUR NEIGHBORS, by Earl Lomon Koos. Kips Bay—Yorkville District Health Committee, New York, 1942. 47 pp. A study of community service in nutrition education.

SUMMARY REPORT BY THE MINISTRY OF HEALTH FOR THE PERIOD FROM 1ST APRIL, 1941, TO 31ST MARCH, 1942. H. M. Stationery Office, London, 1942. 35 pp. Price, 6d. net.

No major epidemic and no falling away from nutritional standards in England and Wales is the record reported by the Ministry of Health for 1941.

The lull in large-scale air raids during the latter part of the year resulted in the return of children and mothers in large numbers to evacuation areas. At the end of March 1942 there were 331,000 school children and 275,000 mothers and children billeted in reception areas, compared with a total of more than a million at the end of February 1941.

The maternal mortality rate rose from 2.60 per 1,000 total births in 1940 to 2.76 in 1941.

The infant mortality rate, which reached a low of 50 per 1,000 live births in 1939, rose to 56 in 1940 and 59 in 1941.

STATE OF HEALTH OF THE PEOPLE OF CANADA IN 1941, by J. J. Heagerty, M. D. *Canadian Public Health Journal*, Vol. 33, No. 11 (November 1942), pp. 517–531.

The Director of Public Health Services, Department of Pensions and National Health, Ottawa, reports that the infant mortality rate for Canada as a whole rose from 56 per 1,000 live births in 1940 to 60 in 1941. The maternal mortality rate, on the other hand, continued to decline, reaching 3.5 per 1,000 live births in 1941.

In spite of epidemics of measles, rubella, mumps, poliomyelitis, and encephalomyelitis during the year, the death rate from communicable diseases per 1,000 population was almost as low as in 1940 (1.5 compared with 1.4). The ratio of deaths per 100 cases was 6.5 in 1941 compared with 10.2 in 1940.

The birth rate rose from 21.5 in 1940 to 22.3 in 1941.

Child Labor in Industrial Home Work Under the Fair Labor Standards Act

By Golda Stander
Industrial Division, Children's Bureau

"We have practically achieved the abolition of industrial home work by a combination of State and Federal action, and that is an achievement of which we can well be proud." This statement by Secretary of Labor Frances Perkins at the Ninth National Conference for Labor Legislation, held in November 1942, was made possible by the fact that, with certain exceptions, the giving out of home work had been prohibited during the year in many of the principal home-work industries by wage orders under the Fair Labor Standards Act.

Issued primarily to prevent evasion of the established minimum hourly wage, these prohibitory home-work regulations have been directly in line with the Nation's effort to achieve and maintain maximum production during the war emergency. The home-work system has been proved to be an archaic method of production, wasteful of human labor, detrimental to the health and welfare of women and children who comprise the vast majority of home workers, and a source of jeopardy to the maintenance of labor standards for factory workers.

The War Department has recognized, as have other Government and private agencies, that home work is a far less efficient method of production than factory work. In connection with a recent hearing on the proposed prohibition of home work in the embroideries industry, the War Department stated that home work "results in a poor utilization of manpower since fewer employees are needed to do the same work in the factory. It causes relaxation of minimum standards of income and other conditions of employment, because of the difficulties of investigation and inspection. Furthermore, there is a danger of spreading disease through the handling of equipment under conditions which are not policed for sanitary purposes."

The progress made in eliminating industrial home work has been of tremendous importance to the Children's Bureau, for since its creation in 1912 the Bureau has been vitally concerned over the harmful effect of industrial home work on the health, schooling, and general welfare of children. When the Children's Bureau was charged in 1938 with the responsibility for enforcement of the child-labor provisions of the Fair Labor Standards Act, which sets a basic minimum age of 16 years for employment in establishments shipping or delivering goods for shipment in interstate commerce, it had already accumulated a large amount of data on the home-work problem. Investigations made over some 30 years and inspections made in the 4 years since the act has been in effect, have proved conclusively that child labor is part and parcel of the home-work system, that child labor is cheap labor used to lower wage standards, and that neither child-labor laws nor minimum-wage and hour regulations can be effectively enforced in industrial home work.

The employment of children in manufacturing occupations in the home has been a major problem in the administration of the child-labor as well as the wage-and-hour provisions of the Fair Labor Standards Act. In the period of approximately 3½ years ending June 30, 1942, inspectors from the Children's Bureau and the Wage and Hour Division reported 895 children under 16 years of age employed illegally in the home by 129 firms distributing home work. This figure represents 12 percent of the 7,251 minors found illegally employed and 6 percent of the 2,207 establishments found in violation in all industries in which inspections were made. When it is realized that home-work employers form an exceedingly small segment of American industry, this percentage assumes increased significance. Moreover, it must be pointed out that because of the difficulties involved in making child-labor inspections in home work, inspection figures necessarily understate the number of children and the number of establishments in violation.

The large turnover among home workers, the seasonal nature of home-work industries, the fact that children are employed before and after school hours, at night and on Sunday, necessitating inspections outside the normal working day, and the many devices used by employers and home workers to conceal child labor

make child-labor inspections in the home extremely difficult. Home workers soon hear of an inspector's contemplated visit through the "grape vine," that is, from other home workers. In many instances parents vigorously deny that their children assist them, although "circumstantial evidence"—places set up at the work table—indicates that other members of the household were working just prior to the inspector's entrance. Employers have even been known to warn home workers to be prepared for the inspector's visit.

The difficulties involved in ascertaining child labor are even further increased when home-worker interviews are held in the office of the enforcing agency. Because visits to homes are time-consuming, the Wage and Hour Division has found it necessary to ask many home workers to report to the Wage and Hour offices for interview. Experience has shown that home workers thus interviewed are far more likely to claim that none of their children assist them than home workers who are interviewed in their homes. It cannot be doubted, therefore, that had it been possible to make visits to the homes of all home workers employed by the establishments inspected, considerably more children would have been seen working or evidence in the home would have given the inspector leads on which to question the home worker further.

The fact that in spite of the obstacles in inspection, 895 children under 16 years of age were found working illegally is an indication of the high incidence of child labor in home-work industries. Violations were found in more than 25 industries and in establishments located in 21 States, Puerto Rico, and Hawaii. Almost two-thirds (63 percent) of the 129 violating establishments were located in New York, Illinois, New Jersey, and Pennsylvania.

Age and Occupations of Minors.

Work performed in the home usually consists of simple hand processes, and these many children can do as quickly as adults or even more quickly because their fingers are young and nimble. Even when the work is more difficult it is often possible to break down the processes so that children can do the simpler operations. The pay of home workers has always been notoriously low. It is inevitable, therefore, that, faced with the need for increasing the family's low earnings, and often for finishing the work in the time stipulated by the employer, all available persons in the family, including young children, are called upon to assist with the work.

Many of the 895 children found illegally employed were very young; 20 percent were under 10 years of age, 37 percent under 12 years, and 62 percent under 14 years of age. Seventy-one children were under 8 years of age.

Children were found working on operations ranging in skill from separating petals for artificial flowers to hand sewing and embroidering. The largest number were found working on articles of apparel or related products, performing such operations as buckling shoulder straps, turning, trimming, finishing, folding, pinning, cutting lace and appliques, inserting pins in ribbon bows, embroidering, and hand sewing. Large numbers of children were also found shelling nuts, making artificial flowers, carding buttons and hairpins, stuffing powder puffs, caning chairs, crocheting shade pulls, and making games of chance, such as punchboards. Other children were stringing tags, stuffing toys, stringing and clasping beads, sewing gloves, and calling for and delivering work.

Case Illustrations.

The inspection records include graphic statements made by home workers and their children regarding long hours, night work, and low wages. The following are a few typical illustrations:

An inspector in making a home visit found a mother and four children aged 12, 10, 8, and 6 years, respectively, sitting around the kitchen table carding hairpins. Each child worked about 3½ hours a night, 6 nights a week, their working time being between 6 p. m. and 10 p. m. The 10-year-old girl told the inspector that the principal of the school she attended came to her class and spoke to the children doing this work. He asked them not to do the work because it was hurting their eyes and interfering with their school work.

In another home the mother said that her entire family consisting of her husband, two sons aged 18 and 16, and two daughters aged 12 and 4, worked at lace cutting for an embroidery firm. She added that the 4-year-old only "worked a little." "We used to get the work about 7:30 p. m. and all of us would work until about 1 a. m. until we finished." The inspector at the time of his visit saw the mother, the 16-year-old boy, and the two girls working on the lace. At a time when the minimum wage set for the embroideries industry under the Fair Labor Standards Act was 37½ cents per hour, this home worker's hourly earnings ranged from 11 to 17 cents, depending on the type of lace.

A child 15 years of age, who was found working in her home, said she had been helping her mother with lace-cutting work for 3 or 4 years. "We work at night when the boy brings the work, around 7 or 7:30, until 10:30 or maybe later."

The employment of young children at button carding in the home has been so marked that a New York newspaper published an article with photographs showing a family group, includ-

ing young children, working at button carding, and also a picture of a 12-year-old girl sewing buttons on cards under the street lights in Hoboken, N. J., a common practice in that city during the summer months. In visits made by the Children's Bureau to the homes of workers employed by two button-carding establishments in this city, 56 children ranging in age from 8 to 15 years were found to have been employed.

Many home workers informed the inspectors that their employers knew children helped with the work. Statements such as the following are representative. "It is impossible for any home worker to do this work by herself, as the work is too slow. A home worker must use her children to help. The X's (employers) know that everybody helps the home workers." Instances have also been found where home workers not only used their own children but also employed their neighbors' children to help them.

Employers have realized that child labor exists, and some of them have required home workers to sign a statement that no minors under 16 are employed. Others have posted notices in the plant that children should not be employed on home work. Nevertheless, many of these employers have obviously shut their eyes to the realities of the situation. For example, the picture of the child sewing buttons under the street lights was taken only four doors away from the home-work distributor's place of business.

Still other employers have admitted that they know the children work. An employer engaged in caning chairs said he knew children caned chairs; he had seen them working on them, but so long as they did not stay out of school to "bottom" chairs it was all right with him. It was obvious that the 10 cents an hour his home workers earned compelled them to utilize their children's services. When the inspector visited the home of one of this man's home workers, the mother said:

> John (aged 10) and Mary (aged 8) always help with the chairs. I have to warp the chairs and get them started, but they can finish them. They always help me on the chairs when they come in from school. Week before last I was sick, so the children did most of that work. The children had heard rumors that they won't have to work on chairs any more, and they are tickled because they don't like to do it. Sometimes they cry when they come in from school and find a chair waiting for them to do. I hate to have to force them to help, but we have a hard time making ends meet. We get 10 cents for a straight double-cane chair.

Legal Action.

The Children's Bureau policy has been to effect compliance with the act wherever possible through a general educational program and by warnings to employers, and to take legal action in those cases where employment of minors is willful or where such action is necessary to prevent violations from recurring. It is significant that 32, or more than one-third of the 86 legal cases concluded in the period ended June 30, 1942, were brought against home-work employers. These legal suits were taken against establishments in 13 home-work industries, including embroideries, shoulder straps, artificial flowers, shade pulls, paper products, buttons and buckles, and hairpins. The largest number of suits in any one home-work industry (7) were brought against embroideries firms.

In 28 of the 32 cases civil action was brought. In all of these cases injunctions restraining further violations of the child-labor provisions of the act were entered without contest. In 4 instances criminal action was instituted and convictions obtained. Fines totaling $4,100 were imposed against the 4 manufacturers: 2 artificial-flower manufacturers were fined $1,500 and $100, respectively, the $100 fine being suspended when restitution of back wages was made; a manufacturer of games of chance was fined $1,500; and a fine of $1,000 was imposed against a manufacturer of hand-knit sweaters.

Child Labor and Enforcement of a Minimum Wage.

It cannot be denied that child labor in home work is an evil and must be eradicated. Children who work at home are deprived of opportunities for normal study and recreation. Teachers have complained that children are too tired to do the work in school and sometimes fall asleep over their desks. But what are the by-products of child labor? How does it permit evasion of a minimum-wage order?

The Fair Labor Standards Act provides that all employees engaged in interstate commerce, or in the production of goods for interstate commerce, must be paid at least a minimum wage. In order to enforce this provision it is necessary to know who are employed, how many hours are worked, and how much is paid in wages. Inspections have shown that although children assist with the work, their hours of work are not taken into account when payment is made, and that even where the handbook records required by the Wage and Hour Division are kept, the hours entered therein do not include the helpers' time and are frequently falsified. Without an accurate record of hours no minimum wage order can be effectively enforced. The close relationship between child labor and minimum-wage viola-

tions in industrial home work is evidenced by the fact that in 27 of the 32 cases in which legal action was taken by the Children's Bureau, it was also necessary for the Wage and Hour Division to take legal action because of violations of the wage-and-hour provisions of the act.

There is yet another point, namely, that not only have employers utilized home work to evade payment of the minimum wage to home workers, but the home-work system with its family labor has been utilized to evade payment of a minimum wage to factory workers who are unable at the low piece rates set to earn the minimum hourly wage.

This is illustrated in a statement made by one home-work family consisting of a mother and three daughters. The mother was a factory worker and was supposed to receive $15 for a 40-hour week. Because she was unable to earn this amount, she took work home so that her three daughters, one of whom was 15 years of age, might help her at night. Her last pay for factory work and home work combined was $15. This covered a 40-hour week in the factory plus a total of 50 hours worked at night by the mother and her three daughters. The daughters told the inspector that "Mother and other home workers told Mr. Z. many times that she and her family put in long hours working until 12 o'clock midnight. It was necessary to take work home in order to make $15 per week."

Some employers have claimed that it is possible to guarantee a minimum wage to home workers by setting piece rates and by timing the individual home workers. Aside from the fact that such a procedure is virtually impossible in many home-work industries where the style factor results in a multiplicity of operations and where the quality of the work distributed is also an important factor, this argument is further invalidated by the fact that no employer can be sure that the home worker who is timed will be the only one in the family doing the work. All investigations and inspections have proved that child labor and home work go hand in hand, and that as long as home work persists in homes where there are children, they will perform some or all of the home-work processes depending on the amount of skill involved. To eliminate this practice would require, as has often been stated, an inspector in every home. No inspection force is large enough to cope with the problem, nor can the employer who seeks to abide by the law control the use of child labor on his product.

State Prohibition of Home Work.

The story of the difficulties encountered in enforcing labor standards in the home under the Fair Labor Standards Act is not new. While the National Industrial Recovery Act was in effect similar difficulties were experienced in enforcing the child-labor and minimum-wage provisions of the codes for those industries which did not prohibit home work. State administrators have for many years pointed out the impossibility of enforcing child-labor, minimum-wage, or hours-of-work legislation in the home. On the basis of the difficulty of enforcement and the threat to the maintenance of standards for factory workers, nine States [1] have enacted laws since 1935 designed to make possible the gradual elimination of industrial home work.

New York, which ranks as the leading home-work State in the country, has, under the authority of its home-work law, prohibited or restricted home work in four industries—men's and boys' clothing, men's and boys' neckwear, artificial flowers, and gloves. California under its home-work law has prohibited home work in the garment industry.

In Connecticut the system of home-work production has been virtually eliminated under the home-work law, which prohibits general distribution of home work. Oregon, by order, has prohibited home work in manufacturing industries.

Some States have also prohibited home work in connection with the promulgation of minimum-wage orders. In Rhode Island the minimum-wage orders issued for the jewelry industry and for wearing apparel and allied occupations prohibit home work except by persons physically handicapped by age or disability. Both Colorado and Utah have stipulated in their retail-trade minimum-wage orders that no work that can be performed on the premises may be given to women or minors to be performed elsewhere.

While some progress has been made in eliminating home work through State action, State administrators have argued that prohibition by the States is not enough, and that Federal action is necessary in order to prevent employers in States where home work is curtailed from sending work to other States which have no prohibitory regulations.

Federal Prohibition of Home Work.

The Fair Labor Standards Act provides that minimum-wage orders issued for an industry shall "contain such terms and conditions as the Administrator finds necessary to carry out the purposes of such orders, to prevent the circumvention or evasion thereof, and to safeguard the minimum-wage rates established therein."

[1] New York, Rhode Island, Connecticut, Massachusetts, Pennsylvania, Texas, Wisconsin, California, and New Jersey.

In five industries in which minimum-wage orders have been issued, the Administrator has found it necessary to restrict home work in order to carry out this responsibility. His decision was based not only on the inspection experience of the Wage and Hour Division which showed continued widespread violations of the record-keeping, minimum-wage, overtime, and child-labor provisions of the act in these industries, but also on the overwhelming evidence presented at public hearings by State administrators, employer groups, labor organizations, and other Federal agencies including the Children's Bureau, Women's Bureau, and Division of Labor Standards, to show that labor standards could not be enforced in the home and that prohibition was the only means to prevent evasion of the proposed minimum wage.

The regulations limiting and restricting industrial home work already issued [2] cover most of the major home-work industries: namely, jewelry (effective November 3, 1941), gloves and mittens (effective September 21, 1942), knitted outerwear (effective December 1, 1942), apparel (effective December 1, 1942), and buttons and buckles (effective December 1, 1942). The prohibition of home work in two additional industries, handkerchiefs and embroideries, is now under consideration by the Administrator.

While Federal action is still necessary in the industries in which home work now persists and State action is needed to prevent the development of intrastate home-work industries which might be outside the reach of Federal action, it can hopefully be concluded that at long last child labor in industrial home work is on the way out.

[2] In order to prevent undue hardship to former home workers unable to adjust to factory work because of age, physical or mental disability, or the need to care for an invalid in the home, each of the regulations contains provisions for the issuance of special home-work certificates to such workers. Provision is also made in most of the regulations for the issuance of certificates to persons who are or will be engaged in industrial home work under the supervision of a State vocational-rehabilitation agency or of a sheltered workshop.

Cranberry Grower Fined for Child-Labor Violation

A fine imposed on the largest cranberry grower in southern New Jersey represents the first case in which a conviction has been obtained under the Fair Labor Standards Act for employment of children in agriculture when they were legally required to attend school.

Joseph J. White, Inc., of Whitesbog, N. J., and two officers of the corporation pled guilty to a 26-point indictment charging them with willful violation of the child-labor provisions of the Fair Labor Standards Act and were fined $3,000 in a sentence handed down on November 2, 1942, in the U. S. District Court for the District of New Jersey. The action was based on the employment of 15 children under 16 years of age in the fall of 1941. Two of the children were only 8 years of age, and 7 were younger than 12 years. Visits by State labor inspectors earlier in the year had also disclosed young children employed contrary to the State child-labor law.

The New Jersey cranberry bogs have been a recurring source of concern on the score of child labor. Some 20 years ago Children's Bureau investigators, making a study of child labor on the truck and small-fruit-growing farms of New Jersey, found young children crawling through the bogs on their knees to pick the low-growing cranberries. As the work is done in September and October the loss of schooling is serious for children of school age, especially for the children of migratory agricultural workers coming from another State. Extensive child labor, absence from school, and retardation among children of migratory workers have been reported repeatedly by other investigating agencies, including the National Child Labor Committee and the Commission To Investigate the Employment of Migratory Children in the State of New Jersey, as characteristic of work in the cranberry bogs. An Interstate Conference on Migratory Labor held in 1940 recommended State legislation as a method of dealing with the situation.

It now appears that the child-labor provisions of the Fair Labor Standards Act, which have the effect of setting a minimum age of 16 years for the employment of children in agriculture during the time when they are legally required to attend school, offer a means of obtaining compliance with child-labor regulations through Federal action in the case of a grower producing goods for shipment in interstate commerce.

Maternity Protection in Germany

An administrative order for the protection of working mothers in Germany became effective on July 1, 1942. This order replaces a law of 1927 which gave application to the Childbirth Convention approved by the International Labor Organization in 1919 prohibiting the employment of women for 6 weeks after childbirth. The old law applied to women in industry only, whereas the present administrative order aims to protect women in many occupations, including office work, and gives the Minister of Labor, who enforces the regulations, authority to include women in domestic service, in industrial home work, and in other kinds of work.

The expectant mother may not be employed in strenuous, harmful, or dangerous work, or for 6 weeks before childbirth. Employment for 6 weeks after childbirth is also prohibited; this period is extended to 8 weeks if the woman nurses her child and to 12 weeks in case of premature delivery.

Women receive full pay during maternity leave and, in addition, women insured under the social-insurance law who are nursing their children receive a daily allowance of 1½ Reichsmark (about 20 cents according to the exchange in 1941) for 26 weeks, and other benefits.

Expectant and nursing mothers may not be employed overtime or at night, or on Sundays or holidays.

Special regulations of a similar nature are prescribed for the protection of women employed in industrial home work.

Nursing mothers in factories and other establishments are given 45 minutes to 1½ hours a day for nursing their children; this time is in addition to the rest period prescribed by law for all workers and is counted as part of the working day.

The Minister of Labor may require establishments to equip and operate day nurseries and kindergartens at their own expense or to contribute to the cost of maintaining day nurseries operated by the local authorities or other agencies.

The present administrative order specifically excludes from its application Jewish and other non-German women, for whom a minor degree of protection is prescribed.

Reichsarbeitsblatt, Berlin, No. 14, May 15, 1942.

Widows' Pensions is Australia

A widow with a child under 16 is entitled to a pension under a Commonwealth law effective July 20, 1942. (For children other than the first, allowances are paid under the Child Endowment Act of 1941.) In the same category with widows are divorced or deserted wives and women whose husbands are inmates of hospitals for mental diseases, also unmarried women who have lived with a man on a permanent domestic basis for the 3 years immediately preceding his death.

The maximum pension for a woman and child is £78 a year (about $250 according to the rate of exchange in 1942). Childless women receive smaller pensions.

The maximum property limit for the receipt of a pension is a capital of £1,000 ($3,200) and personal property including the house in which the woman resides. About 21,000 children are benefited by this law.

The widows' pensions which had been paid under the State laws in New South Wales and Victoria were discontinued in July, but the women will continue to receive the difference between the State pensions and the new Commonwealth pensions.

Sidney Morning Herald, May 15, 20, 28, and July 1, 1942.

New Social-Insurance Law in Ecuador

A new social-insurance law in Ecuador passed on July 25, 1942, repealed the law of 1935. The new law, drafted by experts from the International Labor Office after a study of the social-insurance situation in Ecuador, aims to increase the benefits to the insured and the financial stability of the insurance system.

Insurance is compulsory for manual and clerical workers, whether in public or private service, and for apprentices; and it may be extended by decision of the administering agency to agricultural workers, domestic servants and temporary workers.

The workers and the employers, including the Government, must pay into the insurance funds specified percentages of the wages or salaries; in addition, the Government is required to contribute proceeds from various taxes and 40 percent of the old-age and perma-

nent-disability pensions paid by the insurance funds.

The insured persons receive medical and surgical care, medicines, and a cash benefit when unable to work; insured women also receive obstetric care. Disability and old-age pensions and pensions to widows and orphans are paid. The importance of preventing and treating disability among the insured is stressed in the new law.

The law is administered by the National Insurance Institute and by two insurance funds, one for sickness and maternity insurance, the other for pension insurance. These agencies are authorized to appoint inspectors in order to enforce the law.

The insurance system is autonomous and its funds are separate from those of the National Treasury.

Penalties are prescribed for employers and employees failing to comply with the law.

Registro Oficial, Quito, July 25, 1942.

Child-Welfare Bureau in Cuba

In compliance with resolutions of the Eighth Pan American Child Congress in May 1942 calling for a variety of measures for the protection of children in wartime, the President of Cuba issued a decree in August 1942 for the creation of a national child-welfare agency (Dirección de Protección y Defensa del Niño). Such an agency was established several weeks later with a central office in Habana.

Source: Gaceta Oficial, Habana, August 13, 1942.

First Inter-American Conference on Social Security

The First Inter-American Conference on Social Security was held at Santiago, Chile, in September 1942 under the auspices of the Inter-American Committee to Promote Social Security, consisting of administrators of social-insurance laws in the Americas. One of the resolutions which was adopted recommended to the 21 countries represented at the Conference the organization—within the framework of social insurance—of maternal and child-welfare work in its economic, medical, legal, and educational aspects.

Text of resolutions adopted by the Conference.

NEW CHILDREN'S BUREAU PUBLICATIONS

STANDARDS OF CHILD HEALTH, EDUCATION, AND SOCIAL WELFARE. Publication No. 287, Washington, 1942. 21 pp. Compiled by Emma O. Lundberg with the collaboration of other members of the Children's Bureau staff from the recommendations of the White House Conference on Children in a Democracy and the conclusions submitted to the Conference by discussion groups.

LIST OF CHILDREN'S BUREAU PUBLICATIONS OF SPECIAL INTEREST TO STATE AND LOCAL WHITE HOUSE CONFERENCE COMMITTEES AND OTHER GROUPS CONCERNED WITH PROTECTION OF CHILDREN IN WARTIME. Washington, October 30, 1942. 7 pp. Mimeographed.

TOYS IN WARTIME; SUGGESTIONS TO PARENTS ON MAKING TOYS IN WARTIME. Washington, 1942. 40 pp. Mimeographed.

WHICH JOBS FOR YOUNG WORKERS? No. 2—Advisory Standards for Shipbuilding. No. 3—Advisory Standards for Lead and Lead-using Industries. Washington, December 1942.

• EVENTS OF CURRENT INTEREST •

National Citizens Committee Discontinues Office

With the completion of 2½ years of follow-up work the National Citizens Committee of the White House Conference on Children in a Democracy closed its office in New York on January 1, 1943, in accordance with action taken by the Executive Committee at a meeting on December 14, 1942. The committee remains intact and can be called together when occasion warrants. Inquiries regarding matters of policy concerning the committee may be addressed to Homer Folks, vice chairman of the committee (105 East Twenty-second Street, New York).

The committee requested the Chief of the Children's Bureau, who served as Executive Secretary of the White House Conference, to continue the follow-up program with State committees and national organizations. Accordingly, Emma O. Lundberg, who has been closely in touch with the program, has been made responsible within the Bureau for leadership in this program and for relating it as closely as possible to the State action programs of the Children's Bureau Commission on Children in Wartime. The files of the committee have been turned over to the Bureau.

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CONFERENCE CALENDAR

Feb. 3	National Social Hygiene Day. Information and material from American Social Hygiene Association, 1790 Broadway, New York.
Feb. 7–14	Negro History Week. Eighteenth annual observance, sponsored by Association for the Study of Negro Life and History, 1538 Ninth Street NW., Washington.
Feb. 26–Mar. 2	American Association of School Administrators, National Education Association. St. Louis. Permanent address: 1201 Sixteenth Street NW., Washington.
Mar. 8–12	New York Regional Meeting, National Conference of Social Work.
Apr. 12–16	St. Louis Regional Meeting, National Conference of Social Work.
May 24–28	Cleveland Regional Meeting, National Conference of Social Work.

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The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

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DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS
FEB 13 1943

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Maternal and Infant Mortality in the United States, 1941

By J. Yerushalmy, Ph.D.[1]

Director, Division of Statistical Research, Children's Bureau

Striking progress has been made in recent years in the saving of lives of mothers and infants. The 1941 figures for maternal and infant mortality show a continuation of this favorable trend and establish new all-time low records. This is all the more encouraging in view of the expanding defense activities in 1941, which imposed great strains on the housing, sanitary, hospital, and medical facilities of many communities.

Whether this favorable situation continued also after the country passed from the period of defense activity to that of war economy cannot be determined with certainty at this time. The available incomplete figures indicate that the downward trend in maternal and infant mortality has not been reversed and may have continued through 1942. However, a favorable rate for the entire country or for a State does not necessarily reflect satisfactory conditions in all the smaller geographic subdivisions. It is possible that a number of smaller areas which have experienced explosive increases in population may have suffered high infant and maternal mortality rates. It is, therefore, of extreme importance for agencies responsible for the administration of maternal and child-health programs to study currently the vital indices in such communities.

Most outstanding in the 1941 record is the 16 percent reduction in maternal mortality from the low rate of 1940. This is equivalent to the saving of some 1,500 mothers' lives in the space of a single year and the saving of nearly 9,000 mothers' lives when compared with the maternal mortality rate which was operating at the beginning of the last decade. Although not so dramatic, the infant mortality rate continued its steady decline and also registered an all-time low record.

The birth rate, which fell to an all-time low of 16.6 per 1,000 population in 1933 and has shown a definitely upward trend since 1937, reached 18.9 in 1941. It is remarkable that in spite of the known inadequacies of hospital and medical facilities in many parts of the country there was a 10 percent increase in 1941 in the proportion of births that took place in hospitals in the country as a whole. There was also a slight decrease in the percentage of births attended by nonmedical persons. Although statistics on stillbirths are not very reliable, because of the known deficiencies in the stillbirth registrations, it is nevertheless encouraging to note that in this case the rate is also on the decline and fell below 30 per 1,000 live births for the first time. In spite of all these gains the loss of life associated with childbirth and early infancy is still too high. In 1941, 197,038 lives were reported lost through maternal mortality, stillbirth, and infant mortality.

A summary of the maternal and infant mortality and birth statistics for 1941, which has just been issued by the Division of Vital Statistics of the Bureau of the Census is presented here.[2]

Maternal Mortality

In 1941, 7,956 women died from causes directly due to pregnancy and childbirth. The maternal mortality rate for the year was 31.7 per 10,000 live births. This rate is 16 percent lower than that for 1940 (37.6) and 53 percent lower than the rate for 1930 (67.3). The reduction in the maternal mortality rate was widespread and occurred in almost every

[1] Grateful acknowledgment is made to Marguerite E. Chunn, of the Division of Statistical Research, for her assistance in assembling the material and to the Division of Vital Statistics of the Bureau of the Census for making available certain tabulations.

[2] Vital Statistics—Special Reports. Bureau of the Census, Washington, 1942 and 1943.

State [3] in the Union (table 1). In 46 of the 49 States the maternal mortality rate was lower in 1941 than in 1940, and the increase in the remaining 3 States was not statistically significant. Thirty-one States had maternal mortality rates of less than 30 per 10,000 live births in 1941, compared with 16 States in 1940. Nine States had rates of 30 to 39; 5 had rates of 40 to 49; and 4 had rates of 50 or higher. In 1940 there were 9 States in the highest category.

TABLE 1.—*Maternal mortality rates in each State, 1941 and 1940*

State (number of deaths in 1941)	Maternal mortality rate [1]	
	1941	1940
United States (7,956)	31.7	37.6
Alabama (337)	52.5	61.3
Arizona (36)	30.0	50.2
Arkansas (163)	40.3	48.7
California (283)	22.7	27.9
Colorado (71)	33.2	40.7
Connecticut (56)	19.6	28.2
Delaware (12)	23.4	54.4
District of Columbia (50)	27.3	29.4
Florida (238)	63.4	64.8
Georgia (326)	47.8	56.9
Idaho (32)	27.3	35.9
Illinois (333)	24.8	29.7
Indiana (168)	25.4	28.7
Iowa (128)	27.3	35.0
Kansas (86)	28.5	37.3
Kentucky (238)	37.5	36.0
Louisiana (238)	43.5	53.4
Maine (50)	31.5	40.3
Maryland (85)	24.8	27.8
Massachusetts (200)	28.5	28.1
Michigan (296)	27.5	29.2
Minnesota (107)	19.6	22.2
Mississippi (308)	56.6	62.8
Missouri (197)	29.8	36.8
Montana (18)	15.7	30.5
Nebraska (53)	23.9	32.0
Nevada (6)	27.5	48.5
New Hampshire (23)	26.3	31.8
New Jersey (180)	27.3	29.9
New Mexico (67)	45.3	46.8
New York (494)	23.4	29.7
North Carolina (337)	39.8	51.6
North Dakota (31)	23.0	17.2
Ohio (318)	25.2	32.2
Oklahoma (139)	30.6	39.7
Oregon (40)	20.9	25.2
Pennsylvania (541)	31.0	32.5
Rhode Island (25)	21.6	25.0
South Carolina (294)	62.3	67.8
South Dakota (30)	25.8	34.4
Tennessee (226)	37.3	47.5
Texas (494)	36.2	46.0
Utah (26)	18.9	26.6
Vermont (15)	22.2	35.9
Virginia (235)	40.1	44.9
Washington (55)	18.0	30.6
West Virginia (128)	29.2	33.3
Wisconsin (132)	23.1	28.1
Wyoming (11)	21.2	41.6

[1] Deaths due directly to diseases of pregnancy, childbirth, and the puerperium per 10,000 live births.

Montana established a new low rate for maternal mortality in any State with 15.7 per 10,000 live births. Other low rates were attained by Connecticut, Minnesota, Utah, and Washington. On the other side of the scale are the States with extremely high rates. The highest rate (63.4) was recorded for Florida. Other States with high rates were Alabama, Mississippi, and South Carolina (fig. 1).

The high rates in the South are accounted for in part by the relatively large proportion of Negro births in these States. The maternal mortality rate for Negro women is more than two-and-one-half times as high as that for white women. It is, however, encouraging that the reductions in the rates from 1940 to 1941 were not limited to white women but were shared by all races. Thus, the rate for Negro women decreased from 78 in 1940 to 69 in 1941, while the rate for white women declined from 32 in 1940 to 27 in 1941.

The mortality rate for both white and Negro women decreased during the period 1930–41 (fig. 2). The decrease was relatively slight up to 1936 and has been accelerated considerably since that year. The relative decrease has been greater for white women than for Negro women. The 1941 rate for white women was 56 percent lower than the 1930 rate, whereas for Negro women the rate for 1941 was only 42 percent lower than the 1930 rate.

Causes of Maternal Death.

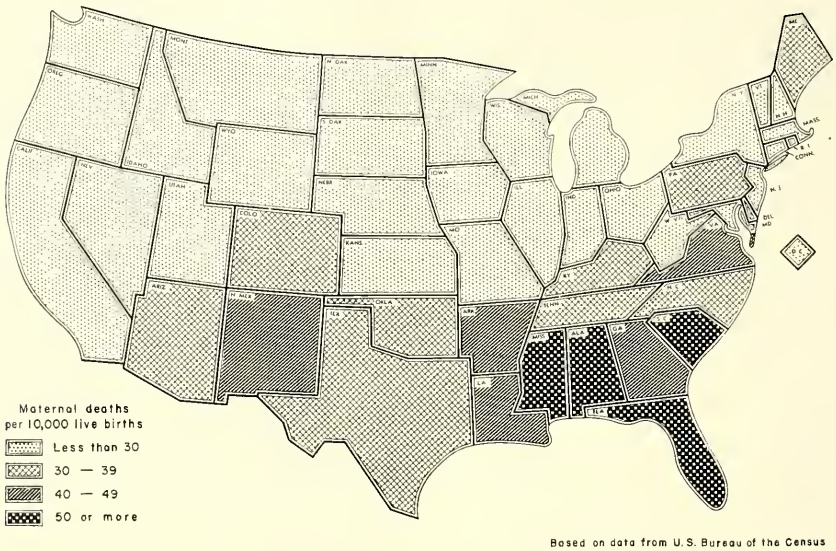
The three major causes of death—infection, toxemias, and the group comprising hemorrhage, trauma, or shock—were responsible for 89 percent of the 7,956 maternal deaths in 1941. The remaining 859 deaths were due to other and unspecified causes.

Infection was the leading cause of maternal mortality and was responsible for 3,034 (38 percent) of the deaths. The death rate from this cause was 12.1 per 10,000 live births. Both in terms of the percentage of all maternal deaths and in terms of the death rate, the reduction in deaths from this cause was larger than for the two other major causes. Thus, in 1940 infection was responsible for 41 percent of the maternal deaths compared to 38 percent in 1941. In terms of the maternal mortality rate from infection there was a reduction of 21 percent from the rate for 1940.

The other two major groups of causes, toxemias and the group hemorrhage, trauma, or shock, were each responsible for one-quarter of the maternal deaths. Hemorrhage, trauma, or shock was the cause of 2,032 of the maternal deaths and toxemias were responsible for 2,031. In previous years, deaths from toxemias were more numerous than those due to hemorrhage, trauma, or shock. The death rate from each of these two major groups of causes in 1941

[3] The term "States" as used in this article includes the District of Columbia.

FIG. 1.—MATERNAL MORTALITY RATE IN EACH STATE, UNITED STATES, 1941.

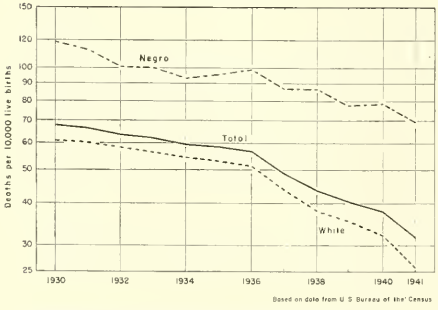


Based on data from U. S. Bureau of the Census

was 8.1 per 10,000 live births. In 1940 the rate was 9.5 for toxemias and 8.7 for hemorrhage, trauma, or shock. The reduction in deaths from toxemia occurred primarily from eclampsia, and from albuminuria and nephritis not specified as chronic. The proportion of "other toxemias" was greater in 1941 (26 percent of all toxemias) than in 1940 (21 percent).

Physicians failed to give satisfactory information as to cause of death for 859 (11 percent) of the maternal deaths. For all these the physicians stated the cause in general terms which indicated little more than that a child had been born to the mother or that the mother was pregnant and that this was the most important factor in the death. The lack of specific information as to cause of death for this considerable number of deaths indicates the need for improvement in the statement of cause of death on the certificate.

FIG. 2.—MATERNAL MORTALITY RATES, BY RACE, 1930–41.[1]



[1] Since 1933 all States have been included in the birth-registration area; in 1930 all but 2 States were included.

Maternal Deaths, by Time of Death in Relation to Delivery.

Maternal deaths for 1939, 1940, and 1941 were tabulated in accordance with the 1938 revision of the International List of Causes of Death. This revision affords additional information which was not available for prior years in that it is possible to classify the deaths roughly according to outcome of pregnancy. The deaths are tabulated in four classifications as those associated with abortion, ectopic gestation, deaths before delivery, and deaths during or after delivery. The last is defined as following a uterine pregnancy of 7 lunar months (28 weeks) or more of gestation. The termination of a uterine pregnancy prior to 7 lunar months of gestation is considered an abortion for tabulation purposes. This classi-

fication makes possible a cross-tabulation of the maternal deaths, both by cause of death and by time of death in relation to delivery. The data for the 3-year period are presented in table 2.

TABLE 2.—*Maternal deaths*[1] *from each cause, and time of death in relation to delivery; United States, 1939–41*

Cause of death	Total	Ectopic gestation	During or after abortion	Before delivery	During or after childbirth
	Number				
All causes	25,983	1,124	4,852	3,776	16,231
Infection	10,494	250	3,741	.....	6,503
Toxemias	6,513	.....	274	2,698	3,541
Eclampsia	3,319	.....	.....	1,218	2,101
Albuminuria and nephritis	1,659	.....	.....	730	929
Other toxemias	1,535	.....	274	750	511
Hemorrhage, trauma, or shock	6,184	874	364	179	4,767
Other and unspecified causes	2,792	.....	473	899	1,420
	Percent				
All causes	100	100	100	100	100
Infection	40	22	77	.....	40
Toxemias	25	.....	6	71	22
Eclampsia	13	.....	.....	32	13
Albuminuria and nephritis	6	.....	.....	19	6
Other toxemias	6	.....	6	20	3
Hemorrhage, trauma, or shock	24	78	7	5	29
Other and unspecified causes	11	.....	10	24	9

[1] Deaths due directly to diseases of pregnancy, childbirth, and the puerperium.

Of the 25,983 maternal deaths which occurred in the 3-year period 1939–41, 19 percent (4,852) were stated to have occurred during or after abortion. More than 4 percent (1,124) of the deaths resulted from ectopic gestation, 15 percent (3,776) occurred before delivery, and 62 percent (16,231) occurred during or after childbirth.

From table 2, it is possible to determine, on the one hand, the distribution of the major causes of maternal deaths for the various classifications of time of death in relation to delivery and, on the other hand, the distribution as to the time of delivery for each of the major causes of death. For example, nearly four-fifths of the women whose deaths were stated to have occurred during or after abortion died from infection, and a very small proportion of them died from toxemias. Looking at it the other way, three-fifths of all the deaths due to infection occurred during or after childbirth and more than one-third occurred during or after abortion.

In general, the distribution of the maternal deaths according to time of death in relation to delivery was similar for most of the States. There were, however, a few notable exceptions. For example, the proportion of deaths associated with abortion was relatively high in the District of Columbia, an urban area (32 percent), and also in such rural States as Idaho (29 percent) and Montana (27 percent). In the District of Columbia the percentage of deaths from ectopic gestation was also high (14 percent) and only 40 percent of the deaths were stated to have occurred during or after childbirth. On the other hand, in Utah and Wisconsin, for example, a relatively high proportion of deaths occurred during or after childbirth and a smaller proportion were due to abortion (table 3).

TABLE 3.—*Percentage distribution of maternal deaths*[1] *by time of death in relation to delivery in each State, 1939–41*

State (number of deaths in 1939–41)	Death in relation to delivery			
	Abortion	Ectopic gestation	Before delivery	During or after childbirth
	Percent of total maternal deaths			
United States (25,983)	19	4	15	62
Alabama (1,084)	17	3	16	64
Arizona (143)	20	4	16	60
Arkansas (552)	23	3	18	56
California (916)	20	5	8	67
Colorado (268)	25	4	16	55
Connecticut (187)	16	2	11	71
Delaware (55)	20	3	13	64
District of Columbia (168)	32	14	14	40
Florida (668)	18	5	19	58
Georgia (1,058)	15	3	17	65
Idaho (98)	29	3	8	60
Illinois (1,069)	19	6	10	65
Indiana (556)	22	5	19	54
Iowa (418)	21	7	10	62
Kansas (301)	25	4	9	62
Kentucky (729)	16	2	16	66
Louisiana (812)	20	4	19	57
Maine (170)	15	2	13	70
Maryland (274)	22	7	13	58
Massachusetts (610)	17	3	10	70
Michigan (874)	19	5	10	66
Minnesota (373)	20	4	12	64
Mississippi (945)	14	3	21	62
Missouri (669)	21	5	9	65
Montana (88)	27	2	8	63
Nebraska (202)	21	5	12	62
Nevada (24)	25	8	8	59
New Hampshire (77)	16	5	21	58
New Jersey (537)	22	6	13	59
New Mexico (207)	16	2	13	69
New York (1,682)	23	5	7	65
North Carolina (1,127)	12	2	25	61
North Dakota (86)	16	8	16	60
Ohio (1,112)	22	5	13	60
Oklahoma (492)	17	5	18	60
Oregon (125)	21	7	21	51
Pennsylvania (1,692)	21	5	10	64
Rhode Island (87)	20	3	17	60
South Carolina (848)	12	2	22	64
South Dakota (104)	23	3	12	62
Tennessee (788)	19	4	17	60
Texas (1,667)	16	5	20	59
Utah (102)	10	2	11	77
Vermont (62)	21	6	15	58
Virginia (751)	21	2	13	64
Washington (236)	17	5	17	61
West Virginia (404)	13	3	17	67
Wisconsin (437)	14	7	7	72
Wyoming (49)	20	4	23	53

[1] Deaths due directly to diseases of pregnancy, childbirth, and the puerperium.

Infant Mortality and Stillbirths

The number of infant deaths in 1941 was 113,949. The infant mortality rate for the year was 45 per 1,000 live births, compared with a rate of 47 for 1940. The tabulations of infant deaths by age at death and by cause of death have not yet been released by the Bureau of the Census. It may, however, be anticipated that, as in previous years, more than 3 of every 5 infant deaths occurred at less than 1 month of age, and that a considerable proportion of the deaths occurred within the first 24 hours after birth.

There were 75,133 stillbirths reported in 1941. This represents a stillbirth rate of 29.9 per 1,000 live births, compared with the rate of 31.2 in 1940 and higher rates in previous years.

Table 4 presents the infant mortality rates and stillbirth rates for each State for 1940 and 1941. It will be seen that some of the States attained infant mortality rates which were considerably lower than those for the country as a whole. Utah set an all-time new low State record with a rate of 30. Connecticut and Oregon came next with a rate of 31. At the other end of the scale were New Mexico with a rate of 95 and Arizona with a rate of 88. The third highest rate was in South Carolina (75).

In the case of stillbirths, the lowest rate reported was that for the State of Washington (15). Low rates were also recorded for South Dakota (17), Idaho, and Oregon (18). States with high stillbirth rates were New York (53), Mississippi and South Carolina (45), and Florida and Georgia (43). It should, however, be noted that the variations in the stillbirth rate are, in many cases, due to variations in the requirements of the States for stillbirth registration. For example, the reason for the high rate in New York State is that New York City requires the registration of all products of conception.

In 35 States the infant mortality rates were lower in 1941 than in 1940, and in 14 States the rates were higher. Twenty-one States had rates of less than 40 per 1,000 live births in 1941 compared with 15 States in 1940. Sixteen States had rates of 40 to 54, 9 had rates of 55 to 69, and 3 had rates of 70 or more (fig. 3).

The mortality rate was considerably lower for white infants than for those of other races. The rate was 41 for white infants, 74 for Negro infants, and 89 for infants of other races. The stillbirth rate also was lower for white infants (27) than for Negroes (55).

The decrease in the infant mortality rate from 1930 to 1941, although considerable, was

FIG. 3.—INFANT MORTALITY RATE IN EACH STATE, UNITED STATES, 1941.

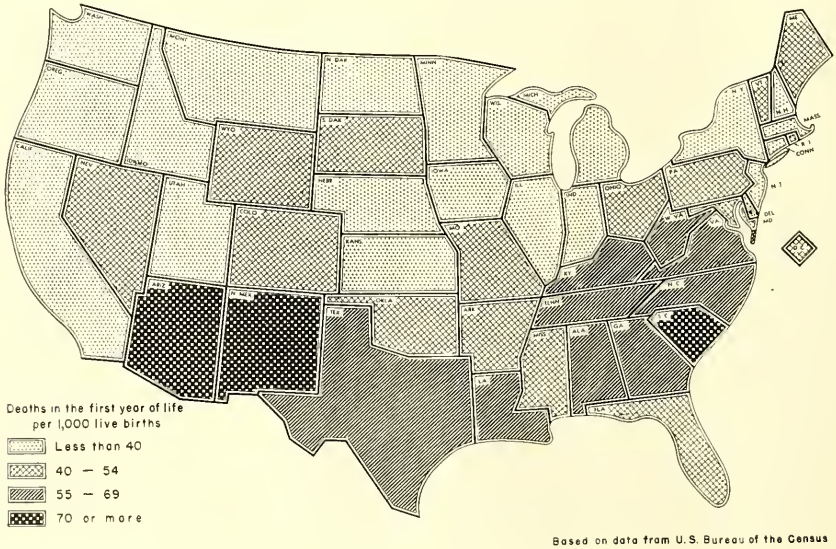

Deaths in the first year of life per 1,000 live births
Less than 40
40 — 54
55 — 69
70 or more
Based on data from U. S. Bureau of the Census

TABLE 4.—*Infant mortality and stillbirth rates (number per 1,000 live births), in each State 1941 and 1940*

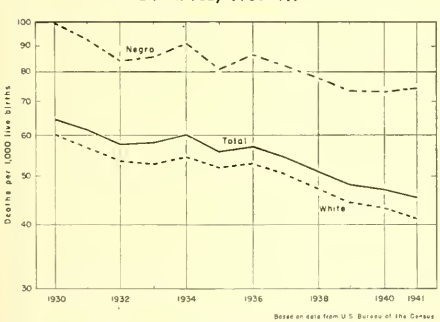
State	Infant mortality rate [1]		Stillbirth rate	
	1941	1940	1941	1940
United States	45.3	47.0	29.9	31.2
Alabama	59.5	61.4	37.3	39.9
Arizona	88.3	84.3	24.8	24.8
Arkansas	44.0	45.7	26.7	27.0
California	36.7	39.4	19.9	19.6
Colorado	52.2	59.8	24.4	24.0
Connecticut	31.1	34.1	19.1	20.2
Delaware	43.0	48.9	27.7	23.9
District of Columbia	50.8	47.0	28.9	25.7
Florida	52.8	53.6	43.2	42.2
Georgia	58.2	57.9	43.0	47.6
Idaho	34.5	42.3	17.5	21.5
Illinois	34.0	35.3	23.7	25.6
Indiana	39.8	41.9	20.8	23.0
Iowa	36.5	36.7	21.5	22.5
Kansas	37.8	38.1	21.6	24.7
Kentucky	58.6	52.8	30.0	32.0
Louisiana	57.8	64.2	37.2	38.0
Maine	51.2	53.5	26.6	29.4
Maryland	52.6	49.6	38.2	43.6
Massachusetts	35.3	37.5	24.6	26.8
Michigan	38.7	40.7	26.0	26.0
Minnesota	34.5	33.3	22.0	21.5
Mississippi	54.7	54.3	45.1	48.2
Missouri	46.5	46.9	32.4	32.4
Montana	37.2	46.2	19.8	18.8
Nebraska	34.4	35.7	21.2	23.1
Nevada	42.2	51.9	24.3	18.9
New Hampshire	36.5	40.0	25.6	24.8
New Jersey	36.2	35.6	25.9	26.1
New Mexico	95.4	90.6	23.4	28.3
New York	33.1	37.2	53.3	51.9
North Carolina	59.8	57.4	31.2	34.4
North Dakota	37.8	45.1	19.7	22.2
Ohio	40.8	41.4	24.9	25.9
Oklahoma	47.5	49.7	23.1	25.2
Oregon	30.7	32.9	18.4	21.1
Pennsylvania	40.7	44.7	25.3	28.6
Rhode Island	35.8	38.2	25.7	28.3
South Carolina	75.0	68.1	44.6	47.1
South Dakota	40.9	39.2	17.4	18.8
Tennessee	55.3	54.7	26.2	29.1
Texas	56.9	68.6	30.2	31.5
Utah	29.9	40.6	19.5	08.7
Vermont	43.9	45.0	20.4	12.8
Virginia	66.9	59.3	37.3	36.8
Washington	35.0	35.7	14.7	16.5
West Virginia	61.1	53.9	32.6	3574
Wisconsin	35.1	37.2	19.9	22.0
Wyoming	43.8	46.3	21.4	0..2

[1] Deaths under 1 year; exclusive of stillbirths.

not so large as the decrease in the maternal mortality rate. The 1941 infant mortality rate was lower than the 1930 rate by 30 percent. The corresponding figure for maternal mortality was 53 percent.

The trend of the infant mortality rates from 1930 to 1941 is shown in figure 4.

FIG. 4.—INFANT MORTALITY RATES, BY RACE, 1930–41.[1]



[1] Since 1933 all States have been included in the birth-registration area; in 1930 all but 2 States were included.

BIRTHS

The number of live births registered in 1941 was 2,513,427, and the birth rate was 18.9 per 1,000 estimated population. This rate equaled that of 1930 and was higher than the rate for any year since then.

The relatively large movement of population which accompanied the extensive industrial defense activities during 1941 makes it difficult to determine the changes in the birth rates in each State. However, the percentage change in the births for each State in itself assumes great significance since it reflects, in a sense, the probable shift in the population. Furthermore, from the point of view of agencies administering maternal and child-birth programs, the main interest rests with the increase in the number of births. For this reason table 5 presents the percentage change in the number of births in 1941 as against the births for 1940, rather than birth rates.

In addition, the States were subdivided into three groups according to their defense activities, as given in a recent article by T. J. Woofter, Jr.[4] The three groups consist of the following: States with maximum industrial war activity, States with medium industrial war activity, and States with negligible industrial war activity. There were 1,417,383 births in the first group of States, 746,548 in the second group, and 349,496 in the third group of States. In the first group there was an 8.4 percent increase in the births. The smallest increase in this group of States was 5 percent (Kansas) and the largest was 20 percent (District of Columbia).

In the group of States with medium industrial war activity there was a 5.5 percent in-

[4] Woofter, T. J. Jr.: Preliminary Population Estimates Based on Ration Book Applications, *Journal of American Statistical Association*, vol. 37, (December 1942), pp. 437–440.

TABLE 5.—*Percentage increase or decrease in number of live births in each State, according to amount of war activity*[1]*; 1941 compared with 1940*

State	Number of live births in 1941	Percent increase or decrease
United States	2,513,427	6.5
Group 1. Maximum war activity	1,417,383	8.4
California	124,682	11.3
Connecticut	28,526	13.2
Illinois	134,451	9.1
Indiana	66,036	6.6
Kansas	30,143	5.0
Maryland	34,287	13.3
Massachusetts	70,189	6.2
Michigan	107,511	8.5
New Jersey	65,935	12.5
New York	211,171	7.3
Ohio	126,155	9.8
Pennsylvania	174,593	5.4
Texas	136,291	7.6
Virginia	58,552	6.1
Washington	30,567	8.6
District of Columbia	18,294	19.5
Group 2. Medium war activity	746,548	5.5
Alabama	64,238	2.1
Arkansas	40,437	5.4
Delaware	5,121	11.4
Florida	37,551	11.0
Georgia	68,244	5.0
Louisiana	54,672	7.4
Maine	15,855	4.9
Mississippi	54,454	3.6
Missouri	66,050	6.2
Nevada	2,181	5.8
North Carolina	84,634	5.0
Oregon	19,138	7.2
Rhode Island	11,582	7.2
South Carolina	47,162	6.3
Tennessee	60,537	8.5
Utah	13,745	1.4
West Virginia	43,827	4.1
Wisconsin	57,120	4.1
Group 3. Negligible war activity	349,496	1.3
Arizona	12,011	2.2
Colorado	21,400	1.2
Idaho	11,715	.03
Iowa	46,826	3.0
Kentucky	63,430	−.3
Minnesota	54,462	2.6
Montana	11,437	−.5
Nebraska	22,197	.2
New Hampshire	8,743	2.8
New Mexico	14,774	.2
North Dakota	13,464	.8
Oklahoma	45,447	2.0
South Dakota	11,647	.2
Vermont	6,762	1.0
Wyoming	5,181	2.6

[1] See Woofter reference, footnote 4.

crease in the births. The smallest increase was 1 percent (Utah) and the largest increase was 11 percent (Delaware and Florida). In the group of States with negligible industrial war activity the increase in the number of births was only 1.3 percent. The majority of the States showed practically no change. The largest increase in this group of States was 3 percent (Iowa). It is thus indicated that a relatively large proportion of the parents of infants born in the States heavily engaged in industrial war activity were newcomers to these States. This group obviously presents more serious problems to agencies working in the maternal and child-health field than do established residents.

Of the infants whose births were registered 2,204,903 (88 percent) were white; 294,554 (12 percent) were Negroes; and 13,970 (less than 1 percent) were of other races.

Physicians attended 91 percent of the births, but 215,722 (9 percent) were attended only by midwives and other nonmedical persons. The proportion of births among Negroes which were attended by nonmedical persons was very high (49 percent), whereas only 3 percent of the white infants were so attended. There was no medical attendant at 17 percent of the births that occurred in the rural areas compared with 2 percent of those that occurred in urban areas; that is, in cities of 10,000 or more population.

More than three of every five live births in the United States in 1941 occurred in hospitals, compared with 56 percent in 1940. Here again the proportion of hospitalization was much higher in cities (87 percent) than in rural areas (30 percent)[5], and for white infants (66 percent) than for Negro infants (27 percent).

The proportion of births in hospitals has increased considerably during the period of record. In 1935 (the first year for which information on attendant at birth was issued by the Bureau of the Census) 37 percent of the live births occurred in hospitals, compared with 61 percent in 1941. Births attended by physicians in homes dropped from 51 percent in 1935 to 30 percent in 1941. There was a decrease in the proportion of births attended by nonmedical persons from 12 percent in 1935 to 9 percent in 1941.

There were 12 States in which more than four-fifths of all the births occurred in hospitals and relatively few births were not attended by physicians. On the other hand, there were 6 States in which less than one-fourth of the births occurred in hospitals and a relatively large proportion of infants were born without medical attention. In general the more densely populated States and the States with a smaller proportion of Negroes had a high ratio of hospitalization. In the more rural States and States with a relatively large Negro population the ratio of hospitalization was low and the ratio of births not attended by a medical person was relatively high. The proportion of births that took place with no medical attention was 25 percent or higher in 7 States and was nearly 50 percent in Mississippi.

[5] It should be noted that these are recorded figures; that is, they represent the places where the births occurred and not where the mothers resided. Figures corrected for place of residence will not be available for some time.

Farm Accident and Insurance Problems of Young Workers

By Miriam Noll

Specialist in Accident Statistics, Industrial Division, Children's Bureau

For 1943 the food production goals set by the United States Government aim at the highest agricultural production ever known in our country's history. At the same time large numbers of experienced farm workers have gone to the armed forces, many others have been attracted into war industries by wages which are much larger than those paid for farm work, and Government restrictions affecting transportation have tended to immobilize the migratory workers who customarily help to harvest the crops. In the 1942 crop season many communities complained of farm labor shortages, partly because the usual number of farm workers was not available and partly because excellent weather conditions in the country as a whole had produced bumper crops to be harvested. In 1943 the growing demands for manpower in the armed services and in essential industries, together with the increased farm production goals, will undoubtedly accentuate farm labor shortages, even if the weather should be less favorable than it was last year.

For all these reasons the prospect is certain that many boys and girls of high-school age who have never worked on farms before will be recruited to help in the Nation's harvests and perhaps also to do seasonal work in cultivating the crops.[1] In general, agricultural workers are not usually included within the scope of labor legislation; therefore it is important that the safety and health of the inexperienced young people who are to work on the farms this season be safeguarded in all possible ways.

One of the less recognized problems of the employment of young inexperienced workers on farms is the accident hazard and the fact that farm workers are not usually covered by compensation insurance. Nonagricultural industries have long been accustomed to workmen's compensation insurance and are familiar with the principle that to prevent industrial accidents is a cheaper, as well as a more humane, policy than to pay for them in higher premium rates and in wasted manpower. Through the organized safety movement and safety work in their plants they have done much to reduce accident rates in industry. Before 1942, however, there was no similarly well-established Nation-wide movement for the prevention of work accidents on farms.[2] Yet statistics for 1941 show that no industry exceeded agriculture in the number of deaths (4,500) due to work accidents.[3] They also show that the frequency of fatal injuries in farm work is above the average for all industries, and well above the frequency of fatal work injuries in manufacturing industries.[4] Both adults and children who are accustomed to living and working on farms and presumably are familiar with farm-accident hazards nevertheless suffer many serious injuries.

Because of war conditions and the consequent employment of inexperienced farm workers, many observers expect injuries in agriculture to increase both in frequency and in severity. Some of the reasons given for this belief are as follows:

> (a) Experienced workers are leaving the farms for the armed forces or for war industries, and inexperienced persons, including young people and children, are taking their places on the farm. One authority says that the danger of accidents to these youthful and inexperienced workers, as a result of their doing heavier farm work, using and repairing machines, and handling animals, "may actually be considerably greater than for those who are working in munitions plants or training in the Army."[5]
>
> (b) The experienced workers withdrawn from the farms will be those with the greatest physical ability, leaving on the farm those who are physically less able to carry on the heavy and dangerous portions of farm work.

[1] In accordance with standards agreed on by the Children's Bureau, the Office of Education, the Department of Agriculture, and the U. S. Employment Service in March 1942, all plans for recruiting young workers for agricultural employment should provide that youth 16 years of age or more should be engaged before children 14 and 15 years are called on. The minimum age at which children should be recruited for work off the home farm is 14 years. (See Policies on Recruitment of Young Workers for Wartime Agriculture, reprinted from *The Child*, March 1942.)

[2] The National Safety Council sponsored the First National Home and Farm Safety Conference, which met in Chicago in February 1942 and has also established a special Division of Home and Farm Safety.

[3] *Monthly Labor Review*, vol. 55, No. 3 (September 1942), p. 505. *See also* Accident Facts, National Safety Council, 1942 edition, p. 56.

[4] Accident Facts, pp. 56–57.

[5] From speech by T. Roy Reid, Director of Personnel, U. S. Department of Agriculture, at First National Home and Farm Safety Conference, Chicago, February 17, 1942. See Transactions of this Conference, p. 15, published by the National Safety Council, Inc.

(c) Machinery and tractors already form a major cause of accidental deaths among farm workers, but the shortage of new machines and of skilled repairmen will create an even greater machine hazard. Moreover, much machinery now in use on farms is without adequate guards, is worn out, or is obsolete, and is therefore especially dangerous.

(d) Attempts by the less experienced farm workers to repair machinery will result in more injuries. In one study of farm accidents made by an insurance company on the Pacific coast, it was found that injuries occurring in repair work resulted in an unduly high proportion of infections.[6]

The seriousness of accidents in farm work is enhanced by the fact that prompt medical aid is usually not available. This is not only because the doctor ordinarily lives miles from the scene of the accident but also because the farm family frequently hesitates to send for him on account of the expense involved.[7] Government restrictions on use of motor vehicles add to the problem. Well-meant efforts of laymen to render first aid may aggravate the injury. Infections resulting from injuries thought to be unimportant may cause permanent disability of greater or lesser degree.

The chief causes of serious injuries in farm work, according to material compiled by the Children's Bureau from many sources,[8] are the following: Tractors and other farm machinery, whether power-driven or animal-drawn; livestock; falls from ladders, trees, or haymows; vehicles, strains, sprains, hernias, and back injuries caused by improper and awkward methods of lifting heavy objects, as in loading or unloading operations; improper use of farm tools, such as pitchforks, axes, scythes, knives, and scissors; careless use of gasoline and kerosene resulting in explosions and fires; climatic or weather conditions, such as exposure to lightning and excessive exposure to sun, causing heatstrokes and sunstrokes; infections caused by neglect of minor injuries. Many others could be listed.

It is possible that most of the inexperienced young workers recruited for seasonal farm employment will be used in work that is less hazardous than that involved in handling tractors, farm machinery, and animals, which cause the largest numbers of bad accidents. But even the less dangerous forms of farm work frequently result in serious, painful, and expensive injuries. In fruit orchards and groves falls from ladders or trees cause fractures, sprains, and other severe injuries. Haying activities often result in surprisingly serious accidents. In harvesting small fruits, berries, and vegetables young workers often suffer serious strains from lifting or carrying crates, boxes, or lugs that are too heavy for them. Cuts, punctures, abrasions or blisters may result in infection, which is a serious problem in the country, far from doctors, if no provision has been made for proper administration of first aid. The motor-vehicle hazard is always present, since seasonal workers usually must be transported daily to and from their work. Excessive exposure to heat and sun affects inexperienced workers far more readily than those who know how to dress and work under such conditions.

The new groups of young workers who will be asked to help in farm work are inexperienced and are not acquainted with farm-accident hazards. Therefore it is necessary that the communities recruiting them for farm labor provide them with all possible protection for their safety. This protection calls for careful selection of workers and physical examination if possible, so that no young worker is placed on work that is too heavy or fatiguing. It calls for proper placement, so that immature workers are not given dangerous tasks. It should usually embrace preemployment training by competent instructors, in which safe practices are demonstrated and emphasized, and in which the young worker is shown his responsibility for conserving manpower—and crops—by avoiding horseplay and accidents which might injure him or his coworkers, or damage the crops or equipment on which he is working. It will be promoted by careful supervision on the job by farm foremen or especially trained supervisors or group leaders who understand safe practices and will see that each young worker performs his task in a safe manner. It calls for the provision of first-aid equipment at the work place and in camps where emergency farm workers may be housed, as well as for the training of work and camp supervisors and, if possible, the workers themselves in first-aid courses. It requires provision of safe means of transportation and a properly qualified driver for the vehicle, avoidance of overcrowding, and safe behavior of the young workers who are being transported. Above all, it relies on the kind and sympathetic understanding of farm employers that these inexperienced young people from cities and towns are not hardened to farm work or farm life; that they have to be shown exactly what to do and how to do it; that they are much more likely to incur accidents and injury to

[6] Accidents in Agriculture, p. 9. Prepared by Engineering and Safety Division, Fireman's Fund Indemnity Co. San Francisco, 1938. Processed.

[7] In rural areas it is customary for the doctor to charge a set rate per mile in addition to his fee. This rate may be as high as 75 cents or a dollar per mile.

[8] A mimeographed report on accident hazards to young workers in wartime agriculture is available from the Children's Bureau.

health than boys and girls who are inured to farm life; and that careful instruction, good supervision, and good working conditions will reduce time lost on account of fatigue or injury as well as minimize the labor turn-over which was a problem in some of last year's emergency farm-work projects.

Meeting the cost of accidental injuries is a persistent problem. Workmen's compensation laws in most States do not require that farm workers be covered. However, in most States farmers may voluntarily protect themselves and their employees from part of the financial hazards of accidents by electing to come under these laws or merely by buying workmen's compensation policies. In some States the compensation statistics indicate that many farm workers are covered by such policies, if one can judge from the number of occupational injuries in agriculture reported to State compensation commissions. However, the minimum premium for compensation insurance is usually so high that the owner of a farm of moderate size cannot well afford it. The result is that most farm workers are left to their own financial resources if they suffer injury at work or while being transported to or from work. This lack of financial protection in case of injury serves to emphasize further the importance of taking measures to prevent accidents.

Recognizing the need for measures to prevent accidental injuries to young workers in agriculture, the Conference on Supervision and Employment Conditions for Young Workers in Wartime Agriculture called by the Children's Bureau in June 1942 made recommendations on the prevention of accidents in its report.[9] It also urged that the employer assume responsibility for payment of medical expenses in case of injury, and that, if practicable, the workers be covered by workmen's compensation insurance, or, failing that, by some other form of insurance. It further suggested that the Children's Bureau, through its committees, give more intensive consideration to the problem and to measures needed to achieve the desired results.

It would be wise for organized projects for emergency farm work to endeavor to record the accident experience of their workers as far as is practicable. An analysis of the causes of each accident will show what action needs to be taken to prevent similar accidents in the future. If accident-insurance coverage has been made available in any form, the keeping of records will enable the leaders of the project to protect the insurance rights of injured workers. If the project plans to evaluate its work in written form, a special section on the season's experience with safety education, accidents, and accident insurance might well be included in order to point the way toward strengthening similar programs in future years.

Groups sponsoring emergency farm-work programs for young workers should bear in mind that bad accidents may discredit the project in the eyes of the young people and their parents and may make future recruiting less successful. If injuries occur and if no means of meeting the necessary expenses have been provided, it is unlikely that the injured worker will return to work. Preventable accidents, lost time, and consequent labor turn-over are a waste of manpower as well as an offense against the young, inexperienced boy or girl who is injured. For these reasons every community in which recruitment of young workers is contemplated should marshal all its resources to meet the problems involved.

[9] Safeguarding Young Workers in Wartime Agriculture. Reprinted from *The Child*, August 1942.

"The Very Best American"

A Dramatic Sketch for Radio or Stage

NOTE.—This program, prepared for the Children's Bureau Children in Wartime radio series by Laura Vitray, was broadcast over the Blue Network on December 15, 1942. It is published here with the approval of the Office of War Information for the use of schools, clubs, and other groups in free performances on the stage or on independent local radio stations.

ANNOUNCER (*dramatically*):
Children in wartime! (*Pause.*) The war in which the United States is engaged today is a war to defend our democratic way of life and the right of our children to live that way! To the 40,000,000 boys and girls who are growing up in the United States, we must bring our heritage—the traditions of free men and women. (*Pause—then soberly.*) But war arouses many emotions in our children, as it does in us. (*Sneak in music, marching feet.*) Their conduct and development may be affected by the dangers of war and its anxieties . . . the changes it brings to their lives. Can we Americans be strong enough to

safeguard our children . . . to keep them growing straight and strong? Every week at this time, Dr. George S. Stevenson, noted authority on child problems, discusses children in wartime.

DR. STEVENSON:
You know, one thing I'd like to see us do is teach our children what it takes to be an American . . . and who the very best American is!

ANNOUNCER:
Why, I'm surprised to hear you say that, Dr. Stevenson! I thought we were telling children plenty about patriotism, and how they can help in the war effort, and all that sort of thing. What do you think we're leaving out?

DR. STEVENSON:
Well, so often we let them stop with the flag waving when that's where they ought to begin! It's hard to explain, but I can tell you a story that illustrates what I mean—the story of a boy whose schoolmates made him believe he wasn't a *real* American.

ANNOUNCER:
Was he an immigrant?

DR. STEVENSON:
Oh, no, not even the *child* of immigrants—unless you want to go back to around 1700 or so, when a British ship brought his ancestors over here from somewhere in Africa. No, Sammy Pendleton's family had about as good a record for *long residence* on American soil as any I know, outside the American Indians! Still, in the school on New York's East Side where Sammy is in the sixth grade, his ancestry didn't seem to count. Oh, Sammy wasn't the only one who didn't rate! (*Fade.*) . . . There were others. . . .

SOUND: (*Children running and laughing and shouting on a playground . . . hold in background under.*)

MIKE (*belligerent*):
Angelo! . . . (*roars with laughter*). Angelo! . . . That ain't a name, you little Dago. My pop said the O'Connors is *Americans* but the Eye-talians ain't. They're our enemies. Come here, Angelo—I'll show you, you Dago—(*sound of a fight—blows—Angelo squeals*). (*Mike laughs.*) You can't take it, eh? Now, git! Go tell Mussolini we're lookin' for him—see? Tell him we're goin' to lick the pants off'n him! (*Fade.*)

ANNOUNCER (*laughing*):
H'm! Trouble between the Irish and the Italians, eh?

DR. STEVENSON:
Yes. Of course Mike was a shade bigger than Angelo, so Angelo took the licking! He didn't mind *that!* It was his pride that suffered most. But Angelo found a way to restore his lost status. He felt he was as good as anyone else—*better* than many—(*Fade*).

ANGELO:
I'm better'n that Josey! What kind of a name's that? The way he says it you'd think he was sneezin! Puerto Rico, that's where *he's* from! That's not America, that's in the Pacific or somewheres. It's Jap, I bet! I'm an American. I was born under the Stars and Stripes! Heh! Here comes that Josey now! Watch me knock the block off o' him! . . .

SOUND: (*Fighting, cheering of youngsters.*)

VOICE:
Hit 'im good, Angelo!—(*blow*)—Hit the little Jap!—(*blow*). Ouch!

ANGELO:
Go home, Josey—go home to Puerto Rico. We don't want no Japs around here. (*Fade.*)

ANNOUNCER:
Say, do they teach geography in that school, Dr. Stevenson?

DR. STEVENSON:
Yes, indeed. They *do*. But it does rather look as if Puerto Rico got mislaid. . . . .

ANNOUNCER (*laughing*):
Too bad Angelo didn't know it's part of the U. S. A. I think he handed it over rather easily to Japan! But now, tell me, what have this Mike O'Connor . . . and Angelo . . . and José . . . got to do with that *first* kid you named—that—Sammy Pendleton I think you said his name was.

DR. STEVENSON:
Oh, yes, Sammy. Well, let's see . . . the story of Sammy runs like this: One day not so very long ago John Martin, principal of that East Side school, was on his way home when he and Sammy met. (*Fade.*)

MARTIN:
Hello, Sammy.

SAMMY:
(*dejected—embarrassed*):
Hello, Mr. Martin.

MARTIN:
I didn't see you in school today. Feeling all right?

SAMMY:
Yes'm—yessir—I'm feelin' all right.

MARTIN:
No sickness at home either?

SAMMY:
No'm. No, sir.

MARTIN:
You've been doing such splendid work in class— and in that scrap collection for Uncle Sam. We all miss you when you're not there.

SAMMY:
Yes'm.

MARTIN (*very confidential tone*):
Sammy . . . between ourselves . . . your eye looks a little swollen. You wouldn't—there wouldn't have been a little fight?—It couldn't be that . . .

SAMMY (*very dejected tone*):
Yessir. I got licked.

MARTIN (*half-amused, comforting*):
Well, Sammy, that's happened to the best of us. What was the fight about? Who started it?

SAMMY (*gaining some confidence*):
I guess it was Mike O'Connor.

MARTIN (*surprised*):
Why, Mike's a big fellow! He hit you? . . .

SAMMY:
No'm—no, sir—he hit Angelo.

MARTIN:
What was the row about?

SAMMY:
It's because Mike's an American, and Angelo's an Eye-talian.

MARTIN (*thoughtfully*):
H'm . . . I see . . . after that? . . .

SAMMY:
After that Angelo licked Josey.

MARTIN:
You don't say! How did José come into it?

SAMMY:
He's a Jap.

MARTIN (*amazed*):
A Jap! José? Why, he's from Puerto Rico!

SAMMY:
Don't that belong to the Japs?

MARTIN (*amused*):
Not *yet*—I hope! But now, Sammy, you haven't yet told me who licked *you*.

SAMMY (*dolefully*):
Josey licked me.

MARTIN:
He did! What for? What had you done?

SAMMY:
I hadn't done anything, ma'am—sir—it was to show he's an American—because I ain't.

MARTIN:
But you are. Very much so, I'd say.

SAMMY:
I dunno. I always thought I was (*sadly*). But I guess I ain't a *real* American.

MARTIN:
Why not? What makes you say that?

SAMMY:
I dunno. There just ain't anyone else for me to lick. You gotta lick someone that ain't, Mike says, or you ain't a real American.

MARTIN:
Sammy, do you want to know what *my* definition of a real American is? . . . Yes? . . . It's someone who helps our Nation to be strong. If he is a soldier, he may do it by licking our enemies . . . but we can all do it by standing by our friends.

SAMMY (*slightly doleful*):
Yes'm. Is an Eye-talian an American?

MARTIN:
He is if he chooses to be one. Americans of Italian blood have done a great deal for our Nation, Sammy.

SAMMY:
Is—is Josey American?

MARTIN:
Of course he is. Puerto Rico is a *part* of the United States. Didn't you know that? But even if he were Japanese—that would be no reason for beating him up!

SAMMY:
No'm.

MARTIN:
And you, Sammy—*you* are an American—because you were born here, because you have brains and courage and a good heart, and America needs boys like you to help her be strong.

SAMMY (*unconvinced*):
I guess so, Mr. Martin. Only—you couldn't tell that to Mike O'Connor.

MARTIN:
You couldn't, but *I* could! See here, Sammy, I want you in school tomorrow. I've got something important to tell you all.

MUSIC: (*Up and out.*)

MARTIN:
Boys, I sent for you because I need your help. I'm planning a sort of patriotic get-together here at school. Oh, not just a *school* affair! I'd like to bring the whole neighborhood into it—have a band and a parade and—well, don't let me tell you what we ought to have; that's what I've got *you* here for . . .

MIKE:
Gee, Mr. Martin, could I lead the parade? I'm big.

MARTIN:
So you are, Mike. Almost the biggest boy in school. And there certainly will be plenty for you to do.

ANGELO:
What's the parade *about*, Mr. Martin? Did we win the war?

MARTIN:
Not yet, Angelo. We will pretty soon. This is a neighborhood festival I'm thinking of.

ANGELO:
Italians have festivals.

MARTIN:
Yes, very good ones, too! I've often enjoyed the street festivals our citizens of Italian

blood have held here in New York. I think you'll be a real help on that, Angelo. I thought I might ask you and José to work out some plans.

ANGELO:
Me and Josey?

MARTIN:
Well, yes . . . I thought if you and José worked out some of the neighborhood plans, while Mike and Sammy made plans for what the school would do . . .

MIKE:
I could do it all myself. Sammy don't have to help!

MARTIN (*laughing*):
Mike, you're a very capable fellow! Plenty of brains. But we all need help. It's like that pilot in a fighter plane somewhere out in the Pacific Islands I was reading about last night. *He* needed help.

MIKE:
Why?

MARTIN:
Well, it seems his plane was in a battle with a Jap plane over the jungle.

MIKE:
Did he bag the Jap?

MARTIN:
Yes, he did—but in the fight his own plane was hit and caught fire. And that was tough. You see, he was over a jungle—thick forests—nowhere to land—and his plane on fire.

MIKE:
Oh, gee, wasn't there *anywhere* to land?

MARTIN:
Just *one* place—a river. That's where he did come down.

MIKE:
Was he drowned?

MARTIN:
No, he wasn't *drowned*. There was a United States Army outpost in that jungle. As the plane somersaulted out of the sky in flames three American soldiers. *Negro citizens* from the South stood on the shore. *They* knew something the man in the plane didn't know. That river was full of man-eating crocodiles.

MIKE (*very excited*):
Gee, Mr. Martin. Was he et up?

MARTIN (*very calmly*):
No—you see, the very instant those Negro privates saw the plane falling they leapt into the stream and dragged the pilot out of the wreckage before the crocodiles could get him.

MIKE:
But, gee — wasn't the — the Negro soldiers afraid?

MARTIN:
Afraid of the crocodiles? Yes, I suppose they were. But they were smart—and they were brave. They knew that a *real* American has two jobs. One's to fight the enemy, the other's to stand by his friends.

MIKE:
Gee, Mr. Martin—*gee!* If—if Sammy and me was sentinels in a jungle—we'd—we'd . . . .

MARTIN:
You'd stand together. *That's what I thought!* You see, our little neighborhood here is like an airplane, flying for victory. We can't let the flames of anger destroy it—and we can't let the people in it be eaten up by hatred for one another. Because if we do, there just won't be any United States. You boys have got to save our school and our neighborhood from anything like that. Can you do it?

MIKE:
Sure we could do it!

MARTIN:
Well, Mike, I'm counting on you to be a good soldier!

MIKE:
Could—could Sammy and me lead the parade?

MARTIN:
Why, I think so. What do you say, Sammy?

SAMMY (*thoughtfully*):
I'd like to—only I was thinking we could make it the end of our scrap campaign. The ones that did the most work should lead it!

MARTIN (*quietly*):
Sammy, that's very smart of you! After all, that scrap is needed to save the Nation.

MIKE (*intensely*):
Sammy—I know where there's a lot of scrap we could get. What do you say if you and me goes and gets it in? (*Fade.*) I'll show you where it is.

DR. STEVENSON:
That's the story of Sammy Pendleton. He's something of a hero now in his school. The bravery of those three Negro soldiers who leapt into the river of crocodiles to save another American added greatly to Sammy's prestige.

ANNOUNCER:
Was that story true, Dr. Stevenson? I fancy the school principal made it up.

DR. STEVENSON:
Oh, no, indeed! That story is straight from the files of the United States War Department in Washington. The Negro privates were Julius S. Franklin, of Charleston, S. C.; Harvey M. Crandle, of Greenville, S. C.; and James Scott, of Montgomery, Ala. They've been decorated with the soldiers' medal for heroism. The place where the plane fell is identified as "a jungle somewhere in the Pacific theater of war." That story is *absolutely* true.

ANNOUNCER:
It certainly had its effect on Mike.

DR. STEVENSON:

Yes. Mike thought he had a corner on being an American. He knows better now—but—more than that—the story had its effect on that entire neighborhood. The children helped the grown folks to see that real Americans can have white skin or black skin, and can have ancestors that come from any part of the earth. They know now that American democracy is more than skin deep—it reaches down to Americans' hearts.

ANNOUNCER:

I was interested in that Italian boy—Angelo. I suppose a good many boys like him are in hot water with their comrades. What does it do to a boy to be regarded as an "enemy" by his playmates?

DR. STEVENSON:

It may have a lasting effect on his life. It may warp his whole nature.

ANNOUNCER:

Does much of this sort of thing go on among children, do you suppose?

DR. STEVENSON:

Yes, more than you'd think. Children adopt readily the racial hatreds of their parents and their neighborhood. We can best protect them from prejudice by showing them that each race has something to contribute to our democratic life—that we don't all have to be *alike* as long as we all stand together.

(*Music.*)

ANNOUNCER:

Thank you, Dr. Stevenson. We'll all have to remember to safeguard our children from the crocodiles of hate.

Children's Bureau Publications

Related to the Health and Well-Being of Children in Wartime

NOTE.—Single copies of publications listed, and additional copies of material with no price stated, may be obtained free of charge from the Children's Bureau. Publications with prices listed may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D. C.; a discount of 25 percent is allowed on orders of 100 or more copies. For additional references send for Selected List of Children's Bureau Publications.

Special Publications on Children in Wartime.

A Children's Charter in Wartime, adopted March 18, 1942, by the Children's Bureau Commission on Children in Wartime. Children in Wartime Series No. 2. Publication 283. 1942. 5 cents.

For Our Children in Wartime—A Program of State Action, adopted August 28, 1942, by the Children's Bureau Commission on Children in Wartime.

Volunteers in Child Care.—Published by Office of Civilian Defense with the cooperation of the Children's Bureau and the Office of Defense Health and Welfare Services. March 1942.

Opportunities for Volunteers in Child Health and Welfare. Reprint from *The Child*, November–December 1941.

To Parents in Wartime. Children in Wartime Series No. 1. Publication 282. 1942. 5 cents.

Toys in Wartime; suggestions to parents on making toys in wartime. 1942. 40 pp. Processed.

Defense of Children Series: Children Bear the Promise of a Better World. $3 per 100 copies. 1942.

- No. 1. What Are We Doing to Defend Them?
- No. 2. Are We Safeguarding Those Whose Mothers Work?
- No. 3. Are They Getting the Right Start in Life?
- No. 4. Have They the Protection of Proper Food?
- No. 5. Are We Defending Their Right to Health?
- No. 6. Their Defense Is the Security They Find at Home.
- No. 7. Their Education Is Democracy's Strength.
- No. 8. Through Play They Learn What Freedom Means.
- No. 9. Our Nation Does Not Need Their Toil.
- No. 10. Are We Helping Those With Special Needs?
- No. 11. Protect Them From Harmful Community Influences.

Services for Children of Working Mothers.

Recommendations Adopted by Conference on Day Care of Children of Working Mothers, July 31–August 1, 1941. Processed.

Standards for Day Care of Children of Working Mothers. Children in Wartime Series No. 3. Publication 284. 1942. 20 pp. 10 cents.

A Community Program of Day Care for Children of Mothers Employed in Defense Areas. Reprint from *The Child*, January 1942.

Factors in Planning Community Day-Care Programs. Reprint from *The Child*, May 1942.

Ascertaining Day-Care Needs. Reprint from *The Child*, July 1942.

Counseling Service in a Day-Care Program. Reprint from *The Child*, September 1942.

Health of Mothers and Children.

Facts About Child Health. March 1942. 16 pp. Processed.

Births, Infant Mortality, Maternal Mortality, 1940; graphic presentation. Publication 288. 1942. (In press.)

Maternal and Infant Mortality in the United States, 1941. Reprint from *The Child*, February 1943.

Better Care for Mother and Child. Publication 278. 1941. 10 cents. (Also, 17 posters in black and white; 85 cents per set.)

Well-Nourished Children. Folder 14. 1939. $1.50 for 100 copies.

Facts About Crippled Children. March 1942. 15 pp. Processed.

Maintaining State Services for Crippled Children During the Present Emergency. Reprint from *The Child*, April 1942.

Nutrition.

Food for Young Children in Group Care. Children in Wartime Series No. 4. Publication 285. 1942. 34 pp. 10 cents.

The Road to Good Nutrition. Publication 270. 1942. 54 pp. 15 cents.

The Noon Meal at School. Folder 23. 1942. 75 cents per 100 copies.

Your Children's Food and the Family Pocketbook. Folder 24. 1942. $1 for 100 copies.

Child Labor and Youth Employment.

Wartime Employment of Boys and Girls Under 18. 1943.

Policies on Recruitment of Young Workers for Wartime Agriculture. March 1942.

Guides to Successful Employment of Nonfarm Youth in Wartime Agriculture. 1943.

Farm Accident and Insurance Problems of Young Workers. Reprinted from *The Child*, February 1943.

Which Jobs for Young Workers?
- No. 1. Employment of Young Workers in War Industries.
- No. 2. Advisory Standards for Shipbuilding.
- No. 3. Advisory Standards for Lead and Lead-Using Industries.
- No. 4. Advisory Standards for Employment Involving Exposures to Carbon Disulfide.

Ten Questions Answered About the Child-Labor Provisions of the Fair Labor Standards Act of 1938. Folder 26. 1943. $1 for 100 copies.

Age Certificates Are the Employer's Protection Under the Fair Labor Standards Act of 1938. Folder 28. February 1942. $1 per 100 copies.

Fair Labor Standards for Children. Folder 6. 1940. 75 cents for 100 copies.

Child Welfare and Juvenile Delinquency.

Wartime Emergencies and Long-Range Child-Welfare Programs. Reprint from *The Child*, January 1943.

The Meaning of State Supervision in the School Protection of Children. Publication 252. 1940. 5 cents.

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

U. S. GOVERNMENT PRINTING OFFICE: 1943

the CHILD

Monthly Bulletin

Vol. 7 March 1943 No. 9

A Message From the Chief of the Children's Bureau

ALL who have witnessed the increasing exodus of children from school to work will welcome the statement of national policy on the wartime employment of boys and girls between 14 and 18 years of age announced by the War Manpower Commission on February 7.

HERE for the first time is a blueprint for fitting the employment of these children—in industry, service occupations, agriculture—into its proper place in the over-all plans of the Nation for winning the war. It recognizes that the first responsibility and obligation of youth under 18, even in wartime, is to take full advantage of their educational opportunities, and points out that in most cases they can best contribute to the war program by continuing in school and, when their services are required, accepting vacation and part-time employment under proper safeguards.

I URGE all agencies and individuals concerned with the recruitment and employment of children and young persons to work for the practical application of these policies. Only so will the boys and girls of today be enabled to make their best possible contribution to the war and to the coming peace.

—KATHARINE F. LENROOT.

U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

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MAR 25 1943

THE CHILD

MONTHLY BULLETIN

Volume 7, Number 9 March 1943

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UNITED STATES
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FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

Policies Regarding Youth Employment in Wartime

By Katharine F. Lenroot

Chief, Children's Bureau, U. S. Department of Labor

As a guide to the employment of youth under 18 years of age to augment the manpower resources of the Nation, the War Manpower Commission has formulated a statement of national policy. These principles are based upon experience over a long period of years that has proved the necessity of placing certain safeguards around the employment of young workers. These safeguards, well observed, are intended to assure opportunity for physical and mental development, to increase long-run productivity of labor, and to prevent exploitation of child labor as cheap labor.

The facts as to employment of youth show that there is serious need for promulgation of such standards. According to United States Census Bureau estimates, civilian employment in July and August reached an all-time high of 54 millions, 7 million above the number at work 2 years ago and 3 million above that of a year ago. This increase has dipped deeply into the age groups under 18. There is little doubt that the number of boys and girls between 14 and 18 years of age employed last summer exceeded 3 million. Much greater increases may be expected during 1943.

The War Manpower Commission policy statement is predicated on the belief that:

> The first responsibility and obligation of youth under 18 even in wartime is to take full advantage of their educational opportunities in order to prepare themselves for war and post-war services and for the duties of citizenship.

To insure that those who do enter employment will make the maximum contribution to manpower needs consistent with the protection of their health and welfare and the development of their abilities, certain standards are proposed. These relate to minimum age for employment, hours and conditions of labor, special safeguards for youth attending school and working part time, and recruitment of youth to work away from home. They are presented as minimum standards, resting on the basic foundation of State and Federal legislation, which the policy statement emphasizes should be observed and enforced.

Minimum Age For Employment.

Child-labor legislation has been developing in recent years toward a basic 16-year minimum age, applying at all times to factory work and to all work during school hours, with permission for limited employment at 14 years of age outside school hours, and toward a minimum age of 18 for hazardous work. The policy statement follows this trend by stipulating:

A minimum age of 16 for employment in manufacturing and mining occupations;

A minimum age of 14 for employment as part of the hired labor force;

In-school youth to be employed only to the extent that the combined school and work activities involve no undue strain;

In-school youth not to be employed during school hours unless the Area or Regional Manpower Director has determined that temporary needs of an emergency character cannot be met by full use of other available sources of labor;

Employment of minors under 18 to be limited to work suited to their age and strength, avoiding especially occupations hazardous or detrimental to their health or welfare.[1]

Hours and Conditions of Labor.

Workers under 18 years of age are in special need of limitations on hours. Though they may be able as well as or better than adults to accomplish a short sprint of intensive work, in the long run their endurance is less. Moreover, because boys will be entering military service at 18, there is an additional reason for giving careful consideration to burdens that may impair their health now. As a measure of fairness and to prevent employment of young workers from adversely affecting work opportunities for adults, the policy calls for minors under 18 to be paid wages paid adult workers for similar job performance.

Maximum hours.—The War Manpower Commission policy proposes a maximum 8-hour day and 6-day week, with one day of rest in 7 (except as deviations may be necessary under certain specified conditions), and provision of adequate meal and rest periods. Generally

[1] Advisory standards pointing out types of work suitable for young workers in various war industries and types of work in which they should not be engaged because of the particularly hazardous nature of the employment, are being developed by the Children's Bureau. See Which Jobs for Young Workers? No. 1—Employment of Young Workers in War Industries. October 1942 and subsequent leaflets in this series.

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recognized as the best working schedule for sustained efficiency in most industrial operations, these hours certainly should not be exceeded for the worker under 18. This is a maximum; in all cases the periods of work should be suitable to the age and strength of the young worker. When boys and girls are transported to and from work, the period of work plus the period of transportation should not exceed 10 hours a day.

Night work.—The standard set by the statement of policy requires that the work of minors under 18 be limited to hours not detrimental to health and welfare. With multiple-shift production there has come the problem of employment on late evening and night shifts. Night work has long been recognized as undesirable for workers of any age. Because it requires living under abnormal conditions, it reduces work satisfaction and lowers morale. With disturbance of the natural bodily rhythm, daylight sleep is more difficult to obtain. Loss of regular sleep is more serious for young persons who have not attained full growth—with every descending year in the period 18 years to 14 the damage is greater.

Conditions of work and transportation of workers.—Adequate sanitary facilities and safeguards for health and safety are stated as necessary for the efficiency of youth power, as indeed they are essential for the efficiency of the entire labor force. Safe and adequate means of transportation should be provided whenever the recruitment program makes it necessary to transport these young workers to and from their place of employment.

Special Safeguards for Youth Attending School and Working Part Time.

Part-time employment of school children outside school hours and in vacation is not new in the American scene, but never has it existed on so large a scale as now. Such investigations as have been made indicate that it often results in too great strain on the immature worker. Special attention must therefore be paid to programs for part-time employment developed as part of the war effort in order to insure that the combined activities of school and work are not injurious to the child. The War Manpower Commission policy would require that school and work activities do not involve undue strain, and that combined school and work hours, at least for children under 16, do not exceed 8 a day.

If under an official determination of need as specified above, it is found necessary to adjust school programs to allow emergency short-time employment of school children, the policy statement points out the necessity:

(a) To provide for the educational progress of those who take employment;

(b) To avoid interference with the school attendance of those who do not take employment;

(c) To avoid the closing of schools or certain grades except to the extent that the hours, terms, or curricula are readjusted to prevent curtailment of educational opportunities.

Recruitment of Youth to Work Away From Home.

Because manpower needs are concentrated in certain areas, recruitment of young workers for such areas offers serious problems. The many situations where agricultural workers are recruited for employment requiring them to live away from home are especially in point.[2] Minimum precautions urged by the policy statement include: (1) That no children of 14 and 15 be recruited for work requiring them to live away from home except in connection with programs conducted by youth-serving agencies providing close supervision; (2) provision of supervision, suitable living conditions, sanitary facilities, and health protection for all groups of young persons under 18 years of age recruited for agricultural work requiring them to live away from home; and (3) contact with the United States Employment Service by a young worker interested in leaving home to work elsewhere, to insure that a specific job is available where he can be lawfully employed and where there are suitable arrangements for housing. In such cases, evidence of parental consent is to be presented by the young person applying for such employment.

A Nation-Wide Program.

The comment of the President[3] that "grown boys and girls" "wherever possible and reasonable" may be needed to fill the manpower gap, and that older high-school students must have an opportunity to contribute to the war effort by work in school vacation and even during the school year emphasizes the need for Nation-wide planning to handle these problems intelligently. To put these policies of the War Manpower Commission into effect and adjust them to cumulative needs is a problem that requires vision and determination. It is a task that must be done, and done well, lest we fail in our duty to youth and to the Nation.

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[2] Guides to Successful Employment of Nonfarm Youth in Wartime Agriculture. Prepared by Children's Bureau in consultation with Department of Agriculture, Office of Civilian Defense, Office of Education, and War Manpower Commission, and approved by these agencies. 1943.

[3] President Roosevelt's radio address to the Nation, October 12, 1942.

Copies of the War Manpower Commission Policy on Employment of Youth Under 18 Years of Age can be obtained on request from the Children's Bureau, Washington, D. C.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

The Health of the Young Child in Group Care

By Barbara Hewell, M. D.
Medical Adviser, Day Care Unit, U. S. Children's Bureau

With the establishment of many new nursery schools, day nurseries, and day-care centers over the country it is essential that high standards of health, education, and welfare be maintained. Shortages in trained personnel, teachers, physicians, public-health nurses, and social workers make the maintenance of high standards difficult. It is of great importance, therefore, that the nucleus of trained workers be used in supervisory positions and in training others to assist. There is need for ingenuity and utilization of all available community resources and personnel to give good care to the children of working mothers.

Many mothers who work will be able to make satisfactory arrangements for the care of their children with relatives and friends; others will make casual agreements with neighbors who are not always really interested or conscientious in caring for the children or who may be entirely unsuitable; some will be unable to make any plans. With the mother employed and out of the home for long hours of the day, serious thought should be given to ways of guarding the health of these children and providing the type of care that will best assure their growth and development.

A good day-care center, nursery school, or day nursery offers one method of satisfactory care for the normal preschool child 2 to 6 years of age. A distinction is sometimes made between nursery schools and day nurseries, as to the organization conducting them, the period of time spent at the school or nursery, the presence or absence of an educational program. In this paper is discussed the type of group care which offers a long day program of 8 or more hours to meet the needs of the mother who is employed full time and in which the children are supervised by teachers trained in nursery-school education. For convenience in this paper the term day-care center will be used, although many nursery schools and day nurseries also fulfill these conditions.

In any type of group care for children we are interested not merely in custodial care—keeping them clean, safe, dry, and well-fed—but are concerned with the growth and development of each child, physically, mentally, and socially. A group of little children who are beautifully clean, well-fed, and protected from physical harm but who are required to sit quietly for long periods of time without free play and the normal activity of young children would present as serious health problems as if they were dirty, underfed, and falling out of the windows.

A good health program is both protective and developmental and is concerned to some extent with the entire set-up and program of the center because so many factors affect the physical and mental health of the child.

The well-conducted day-care center offers, in addition to physical care and protection, opportunities for learning and playing with other children under the supervision and guidance of people who understand and know how to handle young children, and who devote their entire time to this purpose. The disadvantages are chiefly increased exposure to colds and other infectious and contagious diseases, and occasional emotional disturbances due to lack of adjustment in the changed home relationships which may not be recognized and remedied promptly. Methods used to offset these difficulties are described later.

Upon the teachers and the physician rests the primary responsibility for the physical and mental health of the children in the day-care center.

The Teacher.

It is essential that the director or head teacher of every day-care center be a professionally trained and experienced teacher who is capable of planning and carrying out the daily program in accordance with the best principles of nursery-school education. Under her direction less experienced teachers, child-care workers, and volunteers can be used in the program; they should have plenty of physical endurance and be emotionally stable. There should be as many teachers and helpers as are required to care for the children adequately and prevent too long a working day for any member of the staff; tired teach-

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ers cannot do effective work. It is the teacher who must know each child under her care, observe, direct, answer questions, and meet their individual needs.

The qualifications of those who care for children should include training and experience in nursery-school education, an understanding of young children—how they grow and develop physically, mentally, and emotionally—an understanding of individual needs and differences in children and of family relationships, an interest in children as developing personalities. In the long day program the teacher is a "mother substitute" for most of the waking hours of the child. She should have tolerance and patience and the ability to show affection so that the child will feel in the group that sense of security, of being liked and wanted, which is essential for the happiness of children. Upon the teachers and those who supervise the children depends the greatest value of the group experience.

The Physician.

A good health program for preschool children requires the supervision of a physician, preferably a pediatrician who will have general oversight of the whole health program. It is essential that the physician be as interested in all phases of the program, in the daily development of healthy children, as in the prevention and cure of illness. He should be "the chief interpreter of health policies, health habits, and health ideas both to the staff and to parents." He should be as concerned with the daily program of the children, the play, the methods of care, as with physical examinations, daily inspections, and protection against infectious diseases. The physician should visit the center at least once a week at a regular time and should be available for any emergency. One of his important duties is to discuss frequently with the staff all matters pertaining to the health of the children and to advise on individual problems.

Other Professional Services.

A graduate or public-health nurse should be a full- or part-time member of the staff. Her training and experience are valuable in conducting morning inspections, assisting the physician, caring for children in the isolation room, and giving general health supervision. The consultant services of a nutritionist are desirable in the planning of menus and preparation of food. Whatever community health services are available, including psychiatric and special medical facilities, should be made use of.

The Health Department.

State and local health departments should take the responsibility of providing health supervision for the preschool child in group care, not only in the setting up of standards of care for nursery schools, day nurseries, and day-care centers but in making available services such as child-health conferences and dental, immunization, and special clinics. They should supply as many services as possible from their regular staff of nurses and physicians or see that these services are satisfactorily provided by other health agencies. The physician in charge would work under the supervision and approval of the local health department.

Aspects of group care of the young child that relate to health needs and services include: a suitable building and equipment, the proper selection of children for group care, admission physical examinations with correction of defects, protection against infection, care of the sick child, a balanced daily program, provision for adequate food, and for rest and sleep, development of good health habits, opportunities for learning through individual and group play, continuing health supervision, cooperation with parents.

Building and Equipment.

The building and equipment should provide a safe and suitable environment for children. The location of the center should preferably be near the homes of the children so that they will not spend too much time in crowded buses or street cars in transit to and from school.

Any building used for children should meet the requirements for safety and fire protection. A pure water supply, accessible to the smallest children, adequate plumbing and drainage, light, heat, proper ventilation, cleanliness are prerequisites in promoting a safe and healthy environment.

There should be adequate space for play, both indoors and out. The arrangement of rooms should be such that they can be conveniently used by the children and that individual lockers and storage space for toys and cots be provided. Children of this age play actively indoors as well as out and require space in which to move about. A large outdoor playground is essential for more vigorous play and in good weather children should spend many hours outside in fresh air and sunshine. The Children's Bureau recommends at least 35 square feet per child indoors and 100 square feet outdoors for play space.[1]

The amount and type of equipment are important. The equipment may be simple but should be suitable for children and in large enough quantity so that every child in the group can get

[1] Standards for Day Care of Children of Working Mothers, p. 12. Children's Bureau Publication 284. 1942.

experience in climbing, swinging, and vigorous play in order to develop a strong body, good muscular balance and control, and ability to use all types of materials in play. Play is the method by which children experience, interpret, and learn.

Protection from physical injury must be constantly kept in mind. Automobile and home accidents are an important cause of injury and death in the preschool age. Some of the safeguards to be provided are: windows securely screened; shallow stairs with rail and landings; radiators and stoves protected; outdoor or roof play space fenced in; safe play equipment, free from splinters, sharp points, and paints containing lead; the constant supervision of an adult at all times.

Because there is usually a lack of funds and difficulty in securing suitable buildings in city areas near the homes of the children many places are used for nursery schools or day nurseries that are unattractive and unsuitable, and outdoor space is frequently lacking or too limited. The building, grounds, and equipment contribute definitely to the program and should be as suitable and as attractive as it is possible to provide.

Selection of Children for Group Care.

A counseling service should be available in every community for mothers who are seeking care for their children. A social worker who is tactful and skillful in understanding family problems should conduct the interview and should point out to the mother the problems involved in going to work, and in planning for the child, and inform the mother as to available resources in the community which she may use.[2]

Group care is not suitable for all young children. The child under 2 years does not benefit from group experience and needs much individual attention and affection. The danger of infectious and communicable diseases at this age is another contraindication to group care. There are also children of 2 or over who are unsuited for group care—the mentally retarded child, the child with serious physical handicaps or marked behavior problems, the child who is immature, fearful, dependent, and who needs individual care and further social development before he is ready to take his place in a group. If children needing individual attention must be cared for outside their homes, a supervised foster home is preferable.

Children with minor difficulties such as temper tantrums or feeding problems can be satisfactorily handled in a group; it is often what they need. The percentage of children with behavior problems should be kept low, because of the additional time these children require from the staff. For the "only child," the young child with much older brothers and sisters, for any child who has no playmates of his own age, the group experience is especially valuable in providing companionship with other children of both sexes, which is important in the early social experience of children.

The Right Start.

A child is required to have a physical examination before admission to the group. This may be given by a private physician, a clinic, or the staff physician. A careful medical history should be obtained and recorded on the health record with the physical findings and the medical interpretation of the child's health status and specific suggestions for care. A medical history includes developmental information as to physical and mental growth, habits of eating, sleeping, playing, and so forth, and thus gives valuable information as to the future handling of the child. It is essential to have on record the history of previous illnesses, particularly the communicable diseases, and of immunizations.

Correction of Physical Defects.

Physical defects should be corrected promptly and any abnormal condition appropriately treated. These may vary from slight postural defects, refractive errors, dental caries, mouth breathing to deafness, chronic illness, serious behavior problems. It should be the responsibility of the director and the physician to interest and assist parents in having defects corrected and in obtaining special consultations and treatment for their children when indicated. Time alone does not remedy many of these situations and the health and proper development of children may be impaired by neglect and delay in the correction of such defects and problems.

Protection Against Infection.

Protection of the group against contagious and infectious diseases is one of the most important duties of the physician. Children in the age group 2 to 6 years are particularly susceptible to contagious diseases. Four in every five illnesses occurring in children under the age of 15 years are due to communicable diseases and acute infections of the respiratory tract. Unceasing vigilance on the part of the staff and parents will be necessary to keep "the common cold" and other such illnesses at a minimum.

[2] Counseling Service in a Day Care Program. Reprint from *The Child*, September 1942.

Immunization.—Vaccination against smallpox and immunization against diphtheria should be required before the child is admitted to the school. Protection against other communicable diseases is not of proved value but may be helpful. Some physicians may feel it desirable to suggest immunization against whooping cough. In some sections of the country and in mushroom towns and trailer settlements immunization against typhoid fever should be required.

Daily inspections.—No child who has a cold, a suggestion of a communicable disease, or any infectious condition should be admitted to the group until all danger of infectiousness has passed. Each morning before the child joins the group careful inspections are carried out at the center to detect signs of early illness. If these are found, the child should not be permitted to enter the group. If there is no nurse, the daily inspections should be done by a teacher who knows the children. Mothers should be continually instructed and reminded that the child who seems slightly ill is not to be brought to the center and she should report promptly any exposure her child has had to a communicable disease. The center should report any communicable disease promptly to the health department and should observe health-department regulations carefully.

Isolation Room.—An isolation room that can be entirely closed off should be provided for the care of a child who becomes ill during the day until arrangements can be made at home or elsewhere. All those who care for the children should constantly be alert for signs of fatigue, irritability, or lassitude, which in young children often indicate the onset of a cold or illness. Children with these indications should be removed from the group for further observation. It is of equal importance that staff members with colds should not expose the children. If older children spend time before or after school at the center they should have separate rooms and separate leaders, as intermingling with older school children is often a source of infection to younger children.

Physical examination of staff.—A complete phyical examination, including an X-ray of the chest, should be required of teachers, volunteers, and all members of the staff who are with the children for any length of time. This should include the cook and the maid who does the cleaning. All who handle food should also be examined by the health department to make sure they are not typhoid carriers.

The Sick Child.

The purpose of health supervision is to keep children well. When illness occurs, good medical care for the sick child is essential to promote rapid recovery and reduce the incidence of sequelae which immediately or ultimately impair health.

The pressure on mothers employed in defense industries not to be absent from work creates the problem of what to do with the sick child, in order to give him good care and to satisfy the mother so that her work can continue. If a child has a serious or long-continued illness it will probably be necessary for the mother to be at home. Many parents have relatives or friends who can care for the children during a short illness. In other cases there may be no one to call upon. Supervised homemaker service offers the advantage of care of the sick child in his own home. For minor illnesses like colds or impetigo, day or 24-hour care in a supervised foster home can probably be arranged. In communities where many mothers are employed, infirmaries may be needed for the 24-hour care of sick children. To what extent these services can be developed in a community and how much use mothers would make of such facilities is not known. Any sick child should be under medical and nursing supervision. Whatever aid the physician, the public-health nurse, or the staff can give in securing good treatment for the ill child should be available to parents.

Daily Program.

The daily program should provide good physical care and opportunity for the child to be happy and grow and develop at his own rate.

The child's daily program should be a well-ordered, balanced one of active and quiet play, both indoors and out, with adequate time for eating, resting, dressing, washing, and toileting. There should be a reasonable regularity in the day's program with meals served at a definite time and with a usual sequence of events, but without rigidity. Children like order, regularity, and repetition. Just as we do not want children too crowded, getting in each other's way, we do not want them rushed at their various activities to carry out a schedule by the clock. It takes more time for young children to put on and take off wraps, to wash teeth and hands, to get out and put away toys than for adults to assist or do it for them, but independence and learning to do things for themselves is a part of their development. An atmosphere of ease and freedom from tension, of relaxation and security should prevail not only in the attitude of the teachers but in the whole staff.

Food.

Good nutrition is a primary need of the young child. The food served depends upon

the hours the child spends at the center, and may consist of one, two, or three meals. The main meal of the day should be given at noon at the center. In addition, midmorning and afternoon lunches are frequently served. The meals should be planned with consideration of the meals at home, so that the day's food will be adequate. It is desirable to post the menus for the day or give a copy to the mother so that she can plan the meals at home to fit in with the daily requirements of the child. The type and amount of food that a child receives in a day should contain all the food essentials, according to the standards recommended by the Committee on Food and Nutrition of the National Research Council.[3] The preschool child should also receive fish-liver oil daily during cold and cloudy seasons.

Rest and Sleep.

Adequate rest and sleep for the young child should be provided. Individual children vary in the amount of rest and sleep they need. Eleven to 13 hours of sleep every night and 1 to 2 hours during the day is recommended for the young child. In the long day program provision should be made for the afternoon nap and for additional short rest periods as needed. Individual cots, sheets, blankets, and a quiet, well-ventilated room should be available. A child who is not receiving enough sleep or rest indicates this by his behavior, by being irritable, restless, uncooperative, by laughing or crying easily. Overstimulation of the nervous child should be guarded against by additional short rest periods and by periods of quiet play alone or with two or three other children.

Good Health Habits.

Good health habits are developed as part of the child's daily life and gradually become automatic. In a group this is easier to accomplish than at home; it is fun to eat with the other children and take a nap when everybody else does. Children tend to do whatever they see others doing. Washing the teeth or hands is a grand opportunity to play in water, dressing and undressing, putting wraps and toys away is like playing a game. A sense of accomplishment is a source of satisfaction to the child. Good habits are encouraged by pleasant associations and one repeats over and over what is pleasant. When the child is successful he should receive praise and approval; and if he is unsuccessful he should not be scolded but should receive continued wise assistance until he masters the situation. In the matter of training in health habits it is important not to place too much emphasis upon certain routines. If stress is placed on the all-round, normal development of the child, such habits as bowel and bladder control will in due time be established.

Individual Differences.

In all the activities of the program consideration of the individual child is essential, for no two children are alike. At any age there are great individual differences in mental capacity, physical growth, personality, temperament, and maturity. There are wide differences in the family and home backgrounds of a group of children. Failure to recognize these differences and to treat children as individuals would defeat the whole program.

Play.

A large part of the day is spent in play, and the children are allowed to pursue their own interests with a minimum of teacher interruption. The young child learns by repeating things over and over. With materials he can use he reproduces his experiences in play and thus learns his relationships to society and other people. With blocks, paints, clay, books, simple tools, and other toys, the child has opportunity to use his imagination, to make things, to reason out solutions to problems. In group play the child gradually learns to share and take turns, to stand up for his own rights and recognize the rights of others, to get along with people of the same age and older, to control his emotions, to give and receive affection. One of the most valuable contributions of the day-care center is the opportunity for social learning through many experiences with other children who have similar interests and desires.

Wise discipline is necessary. The young child needs regulation or direction because he is unable to make all his own decisions and to manage his emotions unaided. The child needs consistent, wise, adult guidance in the process of socialization so that he will not suffer undue emotional stress and strain, and will not resent authority but learn to feel that it is helpful and beneficial.

Adults do not know all the emotional needs of the young child or the best way of handling all his problems. The consideration of every child as an individual, the attempt to look at problems from the point of view of the child, the importance of giving the child a sense of security, of being loved and wanted, the need of understanding, tolerance, and patience in helping the child to grow and develop physically, mentally, and emotionally are important principles in the field of mental health.

[3] Food for Young Children in Group Care. Children's Bureau Publication 285. Washington 1942.

Health Supervision—A Continuing Service.

The supervision of the health of the children is a continuing service. At regular intervals re-examinations are given by the school physician to check the growth and development of the child and to consider problems or difficulties. The alert teacher will often have problems to talk over with the physician. If it is found after a reasonable length of time that a child has not adapted himself to the group program and other arrangements seem indicated, such provision should be made. Dental supervision of the preschool child should also be a continuing program so that the child will become accustomed to the dentist and early caries can be cared for.

Parent Relationships.

In addition to giving good care to children, one of the functions of the nursery school as it has developed is to work closely with parents "so that both they and the teachers may understand the children better and together help them to become strong, healthful, happy, and useful persons."

The value of home life for the young child and other children is recognized by all. Day care can not take the place of the home. Parents have the chief responsibility for their children and it is in the family group that the child really "belongs."

It is important that parents know the program of the day-care center and carry out in the hours the child has at home a coordinated plan, not only for physical care but for giving the child affection and security, although the home situation may have been greatly changed.

With the mother working long hours and with home and family obligations there will not be a great deal of time for her to visit the center or have conferences with teachers and social workers. Sundays and evenings will have to be used. Because it is so important to preserve the family relationships, day care rather than 24-hour care has been consistently stressed by the Children's Bureau. As much home life as can be maintained is of great importance to children and parents. Canteen service from which mothers can obtain good meals for the family and laundry service should be available to lighten the household tasks for the mother. With the cooperation of parents it should be possible to make this period of group experience a valuable one for children and parents. It should lead to a better understanding and a better life for the child.

CHILDREN'S BUREAU COMMISSION ON CHILDREN IN WARTIME

Responsibility for Services for Youth in Wartime

The Children's Bureau Commission on Children in Wartime met at the White House on February 4, 1943, to explore the problems of children and youth in wartime with special reference to juvenile delinquency and the community's responsibility for providing services to meet these problems and authorized the preparation of a statement embodying the conclusions reached, which will be issued in the near future.

In opening the meeting, Leonard W. Mayo, chairman of the Commission, called attention to three factors that have a very direct effect on young people—home life, education, and adjustment toward occupation and marriage. Any disruption in society such as is caused by a war or a major depression affects those three factors in society adversely, affects youth directly and adversely, and sets the stage for disturbed behavior on the part of both adults and youth:

> We have three major objectives before us. First, we have the job of doing the best we can to prepare young people to carry the brunt of this crisis. Second, we must protect, in the broad sense of that word, youth who are not in that conflict but who are helping to bear the brunt at home by seeing to it that the ordinary institutions of society on which youth depends and from which their inspiration and strength emerge, go forward in spite of the major disruption of war. Third, we must project ourselves far enough into the future to see that youth, who will also be bearing the brunt of the responsibilities of the new world, have some advance preparation for that experience.
>
> Everything we know about the causes of deliquency—to name one manifestation of maladjustment—makes us realize that many things these days are setting the stage for an increase in delinquency unless we can throw our weight into the breach at this time. Young people are not only able but eager and willing to do more than their share. It is the task of adults, which they can perform only because of their maturity and

responsibility, to provide and protect the opportunity for youth to prepare for the responsibilities they must carry. When adults do their share, youth in the long run never fails.

Mrs. Roosevelt, discussing the British experience in providing for youth,[1] reviewed the program for feeding young children and young people, the employment of boys 14 to 18 years of age on the farms and as helpers to skilled mechanics in factories, and of girls in day nurseries, domestic occupations, and in nonwar jobs in factories and stores; the establishment of day nurseries for children of employed mothers; the care of children evacuated from danger areas and of children who have lost one or both parents; and the provision of medical and hospital care for children. She reported that aside from these basic programs the British feel that they recognized their problems and their responsibilities for young people very much too late and are now trying to meet the needs of the older group by arranging recreation programs for young people who have left school and for children who get out of school much earlier than their parents get home.

[1] Papers presented will appear in full in the proceedings of the meeting, to be issued by the Children's Bureau.

The stage was set for discussion of wartime juvenile delinquency in the United States by Martha W. MacDonald, M. D., and Elsa Castendyck of the Children's Bureau in papers of which summaries follow.[1]

The Commission discussed the organization of community forces to deal with the special wartime problems and hazards affecting children; the protection of young people employed in entertainment and service industries through guidance and placement services, supervision, and the enforcement of child-labor and school-attendance laws; and the development of leisure-time programs, especially for children 10 to 18 years of age, through encouragement of home and neighborhood play and activities sponsored by youth. In relation to the provision of guidance, health, and social services needed to aid children in overcoming special handicaps in social adjustment, the Commission discussed community responsibility for the development of the program, the assistance available from State and Federal sources, and modifications of and additions to community resources in rural areas, new defense areas, and more settled communities.

The Impact of the War on Children and Youth

Intensification of Emotional Problems[2]

If we are to consider intelligently the problem of juvenile delinquency, whether in peacetime or wartime, we must examine the way in which the fundamental needs of all children are met and accept the necessity that what needs are not met by the family must be met by the larger family—society. Let us see what happens to the child's fundamental needs in wartime.

Will he as an infant and small child get less mothering and less fathering in wartime with all that is involved in affectional relationship, physical care, personality development, and moral guidance? Will he be robbed of even the security of familiar surroundings because his family migrates? The small child robbed of the spiritual values of home is surrounded on all sides by the recognition of violence as acceptable at an age when he most needs mature help in controlling his own destructive drives. The young child is normally aggressive and destructive. Education in our culture is concerned with directing this drive into constructive channels. With war and his identification with warriors, the inhibition and sublimation of destructive drives becomes more difficult. The child will not receive the same assurance from the adult in wartime that killing and mass violence are wrong and that problems can be solved in other ways. For all these reasons young children need mothering more than ever before. They also need the presence of a father or father person, around whom to build their ideal of a good man.

School children need vastly more personal security and guidance in wartime. The school must feel greater responsibility for the child's life over and beyond the narrow limitations of a standard curriculum. Children today are seriously handicapped in their opportunity to believe in the inherent goodness of man and must be helped to understand the experiences that engender love and hate in all men. The church can contribute immeasurably to morale and character building for all children providing the church, like other institutions, secures personnel of the stature for such responsibility. Ideals are molded by the patterns of personalities we admire. The child cannot build an ideal for himself unless he has the semblance of that pattern in the home, school, community, or church.

[2] From paper presented by Martha W. MacDonald, M. D. Special Psychiatric Adviser, Children's Bureau, to be published in full in the *American Journal of Public Health*, April 1943.

The adolescent with his approaching intellectual maturity but characteristic emotional instability reacts more noticeably to war than does the younger child. His basic personality and character potentialties are in a process of flux. War is contrary to all he has believed in or planned for. The physiological functioning of the adolescent demands activity. Inactivity bores him and creates internal tension which must find release. He is likely to resent authority. With war challenging the productive abilities of all, the young adolescent is impatient to prove his personal worth, whether in a war activity or not. The sudden assumption of mature responsibilities and privileges without the experience and training belonging to maturity can place young people in a social situation fraught with many dangers.

Yes, all children will be subjected during the war to more of the experiences that make for delinquency than ever before. But what of those children who are unstable—whose earlier experience has been lacking in character-building essentials? Just as the malnourished child has greater susceptibility to acute and chronic infections, so the neglected, unloved, and untaught child has less resistance to the forces that endanger character. This is the child who will become delinquent with the increased opportunity and who should receive special consideration. No community can ever completely make up to these children for their early deprivation. Few communities will be able to do more than partly meet their accumulated and intensified needs.

Protection needs to be particularly strengthened in the areas in which young people work and play. Experience should advise us that youthful discontents are selective in the activities they choose for expressing their unsatisfied hopes and desires. If we attempt to substitute one type of activity for another we should be guided by the interests and background of the particular group to be served. The importance of leadership, dynamic leadership acceptable to adventurous youth, cannot be overstressed.

Juvenile Delinquency and Resources for Treatment[3]

Experiences and conditions that threaten the security of the child, interfere with family relationships, or surround the child with harmful influences, which are an inevitable part of life in wartime, provide fertile soil in which the unacceptable behavior and misconduct termed delinquency flourish.

An increase in the incidence of juvenile delinquency is generally expected to follow in the wake of war conditions. Such was the case in 1918 at the close of World War I. The experience of England in the present war serves to confirm this. In spite of advances in the last 25 years in knowledge and understanding of the dynamics of human behavior, an advance that has resulted in important contributions to the field of prevention and treatment of juvenile delinquency, we have not arrived at a place where we can prevent breakdown in community conditions and controls, in family and in individual life; but we are certainly able to plan and act with more knowledge and with greater hope of success than was the case during the first world war.

Juvenile delinquency in wartime presents, not a totally new problem, but rather an old problem in which some of the points of emphasis have changed. The social and personal situations that foster behavior problems are similar in war and in peace, but the precipitating cause of the behavior may be different. This being true, we are dealing with a problem which involves much more than emergency and temporary measures that will be dropped after the war.

From an analysis of juvenile-court statistics, it has been estimated that approximately 200,000 children come to the attentiton of juvenile courts each year under ordinary circumstances. Yet juvenile-court records represent only part of the total number of children with behavior problems. From the reports received by the Children's Bureau from nearly 500 juvenile courts, serving areas representing approximately 40 percent of the total population, it is apparent that the number of delinquency cases dealt with in 1941 increased 6 percent compared with 1940 for the total group of reporting courts. This was the period of defense preparations and does not reflect the real impact of wartime conditions.

In preparation for the meeting of the Commission on Children in Wartime, the courts that report to the Children's Bureau were asked to report by telegraph the total number of delinquency cases that they handled in 1942. These data are incomplete but indicate a definite upward trend in cases reaching the courts.

The sharpest increase, 11.5 percent, occurred in the courts serving populations of 100,000 or more; the increase in the cases handled by small courts was 6 percent. The number of cases of delinquent girls increased much more sharply than those of boys. In normal times the number of cases usually presents a ratio of four

[3] From paper presented by Elsa Castendyck, Director of the Social Service Division, Children's Bureau.

boys' cases to one girl's case. In 1942, the boys' cases increased 8 percent, but the girls' cases increased 31 percent. The increase in girls' cases, like the total increase, appears to be primarily a problem of the larger cities.

It is, of course, imperative to examine some of the factors which cause this increase in delinquency. In some communities it needs to be related to an increase in population. The increase in girls' cases coming to the courts can be explained in part by greatly increased community concern with real or feared delinquency on the part of young girls. But there is ample evidence of overt acts by young people that may lead to sex delinquency. Young girls are drifting from rural areas to military and industrial centers to find employment, sometimes in cheap restaurants, taverns, and honkytonks. Large numbers of both boys and girls are leaving school for full-time employment or are carrying after-school and part-time employment: such young people are sometimes subject to adverse conditions inherent in the type of employment, and also, because many of them are ill-prepared for their new-found independence, they reject parental control and supervision.

Some reports indicate an increased number of children admitted to foster care for the first time, and some show growing evidence of parental neglect. This can be explained in part by the ever-increasing number of women engaged in activities outside their own homes and the absence of fathers for service in the armed forces or other branches of the war effort. Some parents are unable to carry the burden of wartime tensions and employment demands and take proper care of their children. There are, too, reports of community conditions that encourage the development of juvenile delinquency, including overcrowded homes, lack of recreation and leisure-time facilities, overcrowded schools with inadequate and inappropriate equipment, and the absence of social and legal action to protect children and young people from unwholesome community influences.

Although we have developed a considerable body of knowledge about the causation and treatment of delinquency, we have failed to apply that knowledge to any considerable portion of the problem.

Training schools for delinquents were established apart from reformatories for adults in the early part of the last century, yet today the treatment in some schools is little more than custodial care or is distinctly punitive in nature. Yet we have long accepted the principle that the State should deal with the child as an individual in need of guidance and not punishment. A recent brief inquiry made by the Children's Bureau indicates that today the use of jails for the detention of children pending court hearing is by no means uncommon. Sometimes children are even sentenced to serve jail terms. The report of the welfare department of one State indicates that 291 children ranging in age from 10 to 16 years were held in jail during the last 6 months of 1941. Such situations are a matter of concern and regret to State and local officials and social workers. The absence of adequate local services and the facilities needed to provide suitable treatment are often handicaps preventing appropriate care. These conditions are not limited to any one section of the country, and there are indications that the number of children sentenced to or detained in jail runs into many thousands each year.

There are other evidences that our practice has lagged behind theory. The lack of personnel in courts and institutions equipped by training and experience to give the service needed by delinquent children and youth has resulted in practices that are deliberately repressive and punitive in character. Sometimes the basic services that help maintain and strengthen family life and measures for dealing with undesirable community conditions are lacking or are ineffective. We have failed not only to use fully our technical and scientific knowledge but to interpret the complexity of causation of delinquency. The result has been that millions of dollars have been expended on courts, correctional schools, and prisons in comparison to the meager sums available for prevention.

"The Shape of Things to Come in High School and Youth Education"

A conference-workshop on secondary education is being offered by Teachers College, Columbia University, February 6 to May 15, 1943. The workshop meets on Saturday mornings and will attempt to forecast basic changes in organization and programs of high school and youth education which will result from impacts of the war and post-war period.

State Action in Behalf of Children in Wartime

The presentation of the 10-point Program of State Action formulated by the Children's Bureau Commission on Children in Wartime in consultation with the Office of Defense Health and Welfare Services and the Office of Civilian Defense, suggests two steps for putting the program into action:[1]

1. Review of wartime needs of children and of existing resources for meeting those needs, with special consideration of the 10 measures listed as special wartime needs.

2. Development of State and community services adequate to meet the wartime needs of children with such financial assistance from the State or the Federal Government as may be required.

It was agreed that responsibility for planning, coordination, and leadership must be placed with some representative State group, and that wherever practicable this group should be a committee or subcommittee of the council of defense and related to the work of other defense council committees.

In pursuance of this plan the Federal agencies primarily concerned are collaborating in promoting the development of committees of State defense councils which will be concerned with the broad program of State action for children in wartime outlined by the Commission. The following suggestions were made in regard to organization of a children's committee of a State defense council:

1. The membership should include representation of the following agencies and groups concerned with children:

State departments of welfare, health, education, and labor.

State White House Conference committee or other State-wide organization promoting and coordinating efforts in the fields of health, education, and social welfare.

Official or unofficial groups concerned with legislation.

State education association.

Organizations giving special attention to employment of young workers.

State-wide organizations whose programs include subjects relating to health, education, or social welfare of children.

Organized labor.

Representative private agencies in the fields of health, education, and social welfare.

2. The committee should be of a size which permits it to function efficiently, and its chairman should be equipped to give leadership in the broad field covered by the Program of State Action.

3. Emergency needs, such as day care, may continue to be the concern of special committees or of subcommittees within the framework of the children's committee, as may be most practicable in each State. Care should be taken that activities under way are not hampered by reorganization.

4. If there exists in the State a White House Conference committee or some other organization with a similarly broad interest in the welfare of children, the activities of this promotional and coordinating group should be closely related to the work of the children's committee of the State defense council. The committee should also utilize to the fullest extent the services of groups concerned with legislation or with special phases of child care and protection.

5. Local action is required in the various communities of the State if the program is to be made effective. It is therefore essential that the State committee be in a position to encourage local defense council activities along the same line and to coordinate them so that the necessary services will reach all children in need of protection.

Reports have been received, as of February 1, 1943, of the organization of State defense council committees, concerned with a broad program of child welfare, called "committee on children in wartime" or "child-care committee," in the District of Columbia and in the 20 States following:

Alabama.	Minnesota.	Ohio.
Florida.	Mississippi.	Oregon.
Georgia.	Missouri.	South Carolina.
Indiana.	Nevada.	Tennessee.
Kansas.	New Hampshire.	Virginia.
Louisiana.	New Jersey.	Wisconsin.
Maryland.	New York.	

A broadly representative children's committee not officially related to the State defense council has been organized under the State welfare department in Montana.

It should be noted that in some of the foregoing States the committees have broad program powers and the possibility of developing community action, but their major concern at this time is promotion of the day-care program. In several States protection of children in agricultural employment is being considered as an

[1] For Our Children in Wartime: A Program of State Action Adopted August 28, 1942. *The Child*, October 1942.

immediate activity of committees which plan later to extend their programs further.

In at least eight States indications are that committees at present concerned primarily with day care will soon be authorized by the State defense council to sponsor additional activities for the protection of children in wartime. It is hoped that the few State defense councils in which at present there is no committee concerned with children and in the eight with committees whose interest is now limited to day care will form committees on children in wartime in the near future.

Most of the State committees include representatives of public departments, State-wide associations, citizens' organizations, and "key people" from private agencies in the fields of health, education, and social welfare. The membership of some of the committees is not as yet adequately representative of the broad range of interests which should be included, and, on the other hand, some of them as at present constituted are too large to permit effective functioning. Many of these committees will have a subcommittee on day care; in other States day care will remain a separate committee. In one State where wartime employment of children is a particularly pressing problem, a subcommittee has already been set up to deal with child labor.

In some States, including Alabama, Indiana, Mississippi, Missouri, New York, Ohio, Oregon, and Tennessee, notable progress has already been made by State committees in stimulating the organization of local committees which will parallel the State committee in type of membership and program. It is estimated by the Office of Civilian Defense that there are already more than 600 active local defense council committees on child care.

Development of local activity is a vital part of the program. Unless the program actually reaches the children who are affected by conditions resulting from the war emergency, organization at the State level can accomplish little. Effective measures for safeguarding the health, educational opportunities, and social welfare of children will be attained only by the combined efforts of the State and its communities to provide the necessary safeguards.

E. O. L.

Convictions Obtained Against Two Home-Work Firms Violating Child-Labor Provisions

The highest fine ever assessed in a case under the Fair Labor Standards Act since the act became effective October 24, 1938, was levied under a decision handed down by Judge J. Cullen Ganey on February 10 against General Ribbon Mills, Inc., operators of a plant in Catasauqua, Pa. The fine amounted to $15,000 on two criminal informations charging violations of various sections of the act. In addition the company was required to pay a large amount in back wages to the workers. The corporation pleaded guilty to 47 counts charging interstate shipment of goods produced with the aid of oppressive child labor and a number of other counts charging violation of wage-and-hour provisions.

At least 35 children under 16 years, including children 7, 8, and 9 years of age, were found working at home on the company's goods. They were engaged in the packing and carding of ribbon and ribbon novelties.

Conviction was also obtained in another criminal action, taken against R. Pepe & Co. of Hoboken, N. J. At least 37 children under 16 years of age, some as young as 10 years, were found working on the carding of buttons which this firm distributed to home workers.

Sentence was imposed on February 3 by Judge Guy L. Fake of the United States District Court, Newark, N. J. A fine of $500 was assessed against Raffaela Pepe, also $500 against Joseph Picco, and $100 against Frank Pepe. The fines covered violations of the wage-and-hour provisions of the Fair Labor Standards Act as well as violations of the child-labor provisions.

Death of William Hodson

Through the death of William Hodson, killed on January 15, 1943, in an airplane crash while on his way to direct relief in North Africa, the children of the United States have lost a lifelong friend. It was in 1916 that Mr. Hodson, a recent graduate of Harvard Law School, who had been engaged in legal-aid work, was appointed Secretary of the Minnesota Child Welfare Commission. In 6 months this Commission accomplished an outstanding feat—reviewing existing laws, drafting 43 bills for new or amended legislation, conducting a State-wide educational campaign in behalf of these measures, and securing the passage of 35 through the legislature, these 35 bills repealing 114 sections and amending 60 sections of previously existing law.

This sound foundation of children's legislation immediately gave Minnesota a leading place among the States, as measured by its concern for children. One of the most important bills was the establishment of a Children's Bureau in the State Board of Control, and Mr. Hodson became the first chief of the Bureau. My earliest recollection of him, as a somewhat shy and reserved young man, is in connection with conferences called by the Children's Bureau in 1919 and 1920.

Mr. Hodson's experience in child-welfare legislation led to his appointment by the Russell Sage Foundation as director of the division of child-welfare legislation, and to a period of service of about 6 months in the Nation's capital preparing social-welfare legislation for the District of Columbia.

In later years, as first head of the Welfare Council, and then as commissioner of welfare of New York City, member of the New York Temporary Emergency Relief Administration, and president of the National Conference of Social Work, the American Association of Social Workers, and the American Public Welfare Association, Mr. Hodson was a leader in all efforts to provide a strong economic foundation for family life and was keenly aware of the importance of child welfare as an essential part of public-welfare administration. He was a member of the 1919, 1930, and 1940 White House Conferences and served these conferences in important ways. He was friend and counselor of the chiefs and members of the staff of the Children's Bureau of the United States Department of Labor. His influence and the inspiration of his spirit will carry on long after the victory for which he gave his life is won.

—Katharine F. Lenroot.

CONFERENCE CALENDAR

Mar. 1_____ Child Study Association of America. Annual Institute, Hotel Roosevelt, New York. Theme: The American Family, 1943. For program and information address: Child Study Association of America, 221 West Fifty-seventh Street, New York.

Mar. 8–12___ National Conference of Social Work. New York regional meeting.

Mar. 8–12___ National Federation of Settlements. War regional conference, New York. Permanent address, 147 Avenue B, New York. Joint meeting with Children's Welfare Federation of New York and National Agency Committee, American Camping Association, March 8, on Camping for Children: a Wartime Priority.

Mar. 9_____ National Child Labor Committee. Thirty-eighth annual conference, New Yorker Hotel, New York. Theme: Employment of School-Age Children in Wartime Agriculture. Permanent headquarters: 419 Fourth Ave., New York.

Mar. 22–25__ Association of State and Territorial Health Officers, Washton, D. C. Conference of State and Territorial Health Officers with Surgeon General, March 24; with the Chief of the Children's Bureau, March 25.

April 8–10__ National Probation Association, St. Louis, Mo.

Apr. 12–16__ National Conference of Social Work. St. Louis regional meeting.

May 24–28__ National Conference of Social work. Cleveland regional meeting.

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the CHILD

Monthly Bulletin

Vol. 7 April 1943 No. 10

For May Day—Child Health Day

IN recognition of the vital importance of health of children to the strength of the Nation,

LET us renew our efforts to promote the health of all children in wartime, and especially let us

GUARD the health of boys and girls of high-school age who are combining school with part-time jobs, who are working during vacation, or who are entering full-time employment—

SURROUNDING them with special protection that their safety, health, and normal growth may be assured.

U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

Children in Jail

By Merrill Conover

Social Service Division, Children's Bureau

Note.—The Children's Bureau will welcome comments on this exploratory study and additional information regarding the detention of children in county and city jails and the efforts that are being made to solve this problem.

Each year thousands of children and adolescents are placed in county or city jails to await court hearing—and in some instances even to serve sentences. This indicates a serious lag in our progress toward comprehensive child-welfare programs based on a philosophy of prevention and treatment. More than 100 years ago institutions were established for delinquent children separate from those for adult offenders. More than 40 years ago juvenile courts were created in order that children might be removed from the surroundings and procedures of the police and criminal courts. Nevertheless, the juvenile is still frequently dealt with during the pre-court period, as contrasted with the court and post-court periods, in much the same manner as the adult offender.

Although jail detention of children is known to be a problem of significant proportions, it is difficult to obtain accurate and comparable statistical data regarding the extent of the practice. Only a few States have central reporting systems whereby county jails report annually information regarding individuals detained; none have provision for reporting detention in city jails and in police detention cells. Attempts to get information regarding detention of juveniles directly, through visits to individual jails, meet with difficulties. Records often are incomplete. Ages generally are accepted as reported, attempts at verification being made only when inconsistencies are most obvious. All of this permits the development of procedures by which many injustices to young children easily pass unnoticed.

In spite of the absence of current statistics on jail detention for the Nation and for most States, information assembled from various sources gives some idea of the gravity of the situation.

A group of juvenile courts that serve approximately 40 percent of the population of the United States report annually to the Children's Bureau. For the year 1941 they reported 5,407 cases in which children of juvenile-court age were held in jails or police stations for at least part of the period preceding juvenile-court action on their cases.

These 5,407 cases tell only part of the story; they include only detention authorized by the juvenile court. They do not include cases of children placed in jail by the police and released by them without referral to the juvenile court or of children for whom the juvenile court arranges a more suitable type of care as soon as they are referred to it.

When the National Probation Association made its study of juvenile detention[1] in 141 areas located in 38 States and the District of Columbia, it found that during the fiscal year 1929–30 jails and police stations were used for detention purposes in 119 of these areas. In only 22 areas did it appear that no children were detained in such places. For only 85 areas was it possible to obtain statistical data, for 34 areas all the information that could be elicited was that "a few," "some boys," "a good many," or some other indefinite estimated number were detained. In the 85 areas 16,493 children under 18 years were admitted to jails or police stations during the fiscal year 1929–30. There is little reason to believe that the picture has changed materially since that time.

Letters received by the Children's Bureau from State and local agencies, as well as annual reports of State departments of public welfare and other State departments that have responsibility for inspection of jails or collection of statistical data relating to them, serve only to augment and confirm the picture of large numbers of children being detained in jails. Since some of the information received during 1942 seemed also to indicate that delinquency was increasing, especially in those areas most affected by dislocations due to war industries and the presence of military camps and marine bases and that the number of young girls, many of them first offenders, apprehended in vice drives was also increasing, the possibility of an increased amount of jail detention seemed likely.

In order to evaluate the seriousness of the problem, the present writer undertook a brief exploratory trip in three Southern States during the summer of 1942. Areas in Georgia, North Carolina, and South Carolina in which there were concentrations of military and industrial establishments were selected, because it was believed their experience was likely to be indicative of wartime trends.

In the selection of areas and the assembling of data the State departments of public welfare in the three States, which were already aware of and concerned about this problem affecting the welfare of children, gave their

[1] Warner, Florence M.: Juvenile Detention in the United States, pp. 5, 15, 16. Chicago, 1933.

full cooperation. The 14 areas visited included urban areas and areas predominantly rural and, as a basis for comparison, a few communities relatively unaffected by wartime dislocations. Interviews were held with public and private welfare workers, juvenile-court judges, probation officers, law-enforcing and detention officers, and lay citizens. About one-half of the individuals interviewed were connected with State or local departments of welfare, a fourth were court and law-enforcing officials, and a fourth were staff members and lay board members of private social agencies.

The problem is one of country-wide scope and is in no way merely local or regional. The information obtained on this trip served to confirm the belief that a serious problem exists. That the conditions observed and the data assembled are not peculiar to the three States visited is shown by the quotation given below, which is doubly significant because it originates in a section of the country far from these States:

> We have made great progress in the State correctional field in reformulating the purposes of our prisons and reformatories, in constructing facilities, in improving personnel, and in inaugurating programs all designed to achieve the better protection of society through the constructive rehabilitation of the offender. With respect to the county jail, however, little or nothing has changed. Its purpose still remains the negative one of confinement, and punishment; its facilities for the most part are inadequate in every respect; the personnel continues to be only what the term "jailer" implies; of rehabilitative program it is almost entirely innocent. It stands today as a veritable counterpart of that other old pesthouse, the nineteenth century poorhouse, the passing of which represents a triumph of public-welfare progress.[2]

In Georgia and North Carolina, which have provision for reporting statistics of jail detention to a central State agency, it was possible to obtain information on a State-wide basis. Georgia reported 830 cases of children under 16 years of age held in county jails in 1941 and North Carolina 500 cases of children under 16 years of age so held in the fiscal year 1941–42. State-wide figures were not available for South Carolina but a study of one county made by a county welfare worker showed that during the fiscal year 1937–38, 62 children under 18 years of age were placed in the county jail. During the period November 1, 1940, to June 1, 1942, 35 children were placed in the same county jail and 25 in the city jail. A report of the Children's Committee of the South Carolina Conference of Social Work published in 1940 and interviews with officials and social workers in the summer of 1942 indicated the use of jails for detention purposes, sometimes even for incarceration under sentence, in other communities of South Carolina.

Some data were available regarding the sex, race, and age of the children detained, the reason for their detention as reported in statistics, and the length of time they were held. Numerically, the problem is one of boys, who outnumbered girls in both Georgia and North Carolina by approximately 5 to 1. In the South Carolina study, 58 of the 62 children held in jail in 1937–38 were boys and 4 were girls. In the two States for which State-wide figures were available cases were fairly evenly divided as to race. Approximately 45 percent of the 631 Georgia cases in which information regarding race was given and 56 percent of the North Carolina cases were those of Negro children. Of the 62 children in the South Carolina study 51 were Negro and the race of one was not reported.

Many of the children were quite young. In 84 (17 percent) of the 500 North Carolina cases the children were 12 years of age or even younger—in 23 cases they were not yet 11 years old. Of a group of 35 children reported as being in North Carolina jails in June 1942, 9 were 12 years of age or younger. The ages of the 62 children detained in the South Carolina county ranged from 10 to 17 years; 13 were 12 years of age or younger. Information regarding ages was not given for Georgia.

Only a limited number of statistical data regarding reasons for detention and length of detention are available but such as there are, supplemented by case stories, reflect some of the inadequacies and gaps in the communities' provision for services to children, especially for Negro children.

"Offenses" for which the children were held in jail included such acts as disturbing the peace, trespassing and peeping, drunkenness, possession of illegal or unstamped whisky, various types and degrees of stealing, assault, and rape. In a few instances no specific offense was reported; it was merely stated that the child or youth was held for "delinquency" or for "investigation."

Of deep concern to all who seek treatment of children on the basis of their needs should be the fact that in each of the States several instances were noted of children held in jail because of their mental condition. In one State two Negro boys, one 11 years and the other 17 years of age, were held for "lunacy"; in another State a 14-year-old Negro boy of low mentality was held for more than a year; and in the third State two white boys, one 13 and

[2] *California Probation News*, Vol. 12, No. 7 (July 1942), p. 2. From a paper by Milton Chernin, assistant professor of social welfare, University of California.

the other 15 years of age, were held on the "charge" of being "insane."

In some instances the relation between jail detention and inadequate facilities was readily seen, as for example, in the case of a little white girl held not because of her own behavior but because conditions in her home made it impossible to return her there.

Length of the detention period, not only the fact of detention, frequently reflects the inadequacy or absence of facilities. Available data on this point were meager. The report of children in North Carolina jails during June 1942 showed several white boys 8 and 9 years of age held for several days; several children, both white and Negro, including a 10-year-old boy were held for more than 10 days.

The 62 children under 18 years of age detained in the South Carolina county during 1937–38 spent a total of 957 days in jail. The length of the detention period in individual cases ranged from 1 day in several minor cases to 88 days for a 16-year-old white boy whose offense was housebreaking and larceny and 102 days for a 14-year-old Negro boy whose offense was rape. Thirty-one juveniles spent 10 days or more in jail. The 35 children detained in the county jail during the period November 1, 1940, to June 1, 1942, were held 566 days, an average of 16 days per child; the 25 children detained in the city jail were held 233 days, an average of 9 days per child. The importance of service by a social agency appears to be shown by the difference in average length of detention between cases referred to the department of public welfare and those not referred. Of the 35 children held in the county jail the 17 who were referred to the department were held 135 days; the 18 not referred, 431 days. Of the 25 children held in the city jail, the 10 who were referred to the department of welfare spent 75 days in jail and the 15 not referred, 158 days. It is of course possible that the length of detention was affected by factors other than service by the department, such as referral to the department of less serious cases.

When the conditions that exist in many jails are considered, the seriousness of the situation appears even greater. The Federal Bureau of Prisons makes an intensive inspection of each jail before it authorizes its use for the detention of Federal prisoners, either adult or juvenile. Only 8 percent of the county and city jails in Georgia were so authorized, and only 21 percent in North Carolina and South Carolina. For Georgia alone of the three States visited was it possible to relate detention of children to the fact of whether or not the jails in which they were held were approved by the Federal authorities for detention of Federal prisoners. In Georgia at least four-fifths of the juveniles reported detained in the county jails were held in jails not approved for Federal prisoners either because of inadequate physical facilities or unapproved administrative practices. Nor may one gain comfort by attributing such conditions to any one section of the country. Of more than 3,000 jails in the United States only 507 are approved by the Federal Bureau of Prisons for detention of Federal prisoners—less than 1 in 5—and the lack of real concern about the problem is further indicated by the fact that, of the 41 new county jails inspected in 24 States during 1941, only 27 rated higher than 50 percent.[3]

Many jails lack provision for segregation of adult and juvenile offenders. This was indicated by reports such as those about a boy held in a cell with eight adults, an 11-year-old boy held with two adults for about 3 days, and a boy held in a cell with an adult who was later referred to the department of public welfare because he was suffering from a communicable disease. Similar examples can be uncovered with disquieting regularity. Bath and toilet facilities are frequently inadequate, as are provisions for proper feeding, medical service, and hospital facilities. Personnel, too, is seldom equipped to assist in a rehabilitation program. The exceptions to these conditions are few. Yet funds for jail inspectors were eliminated by budget retrenchments in at least one State visited.

Instinctively a person discovering the plight of children in jail feels that "there should be a law against it." As a matter of fact the juvenile-court laws of most States, including those of the three visited, have provisions for prohibiting or controlling the detention of children in jail and for the establishment or use of some more suitable place of care. Generally the laws provide that no child, or that no child under a specified age which varies in the several States from 12 to 18 years, who comes within the provisions of the juvenile-court law shall be detained in a jail, police station, or other place where he may come in contact with adults convicted of or charged with crime. Because of these provisions we have perhaps assumed that children are carefully protected. Actually exceptions included in the provisions make them practically meaningless in many localities and dangerously weaken them in others. These exceptions may permit the use of the jail if the offense for which the child is held is of a

[3] Federal Offenders in 1941, pp. 17–18. U. S. Department of Justice, Bureau of Prisons, Washington, 1942.

serious nature, if there are special circumstances, if no alternative detention facilities exist, or if the child would be a "menace" to other children; or they may provide that the child be placed in jail only with the consent of the judge.[4] That such exceptions are wide open to individual interpretation is illustrated by the fact that although the Virginia juvenile-court law provides that no child may be placed in jail while awaiting hearing unless he is "extremely vicious or unruly" more than 2,500 juveniles were placed in Virginia jails during the fiscal year 1938–39.[5]

Laws are ineffective unless they have meaning and significance to the community. When officials have the interest and support of citizens, laws are enforced. Upon those who are aware of the existence of problems rests responsibility for interpreting them and seeking a way to their solution. Excellent work on individual cases alone will not suffice.

Consideration of the reasons why laws relating to jail detention are not enforced in some areas and are enforced rigidly in others reveals several factors. Frequently lacking is prompt service to law-enforcing officials that will help them to determine whether detention is necessary. Too many times the jail is used under circumstances in which the child's own home would meet requirements of protection or safekeeping.

When State and local public resources are limited, the jail is often the only facility available for detention purposes. Although the use of boarding homes as a method of detention care is increasing, public funds for this purpose are not always available. Furthermore, the difficulty of obtaining boarding homes is becoming increasingly critical. Even in areas where the rate of board paid would in normal times be considered adequate, the high rents paid by workers in war industries offer stiff competition.

The fee system, whereby the jailer is paid on a per capita basis, prevails in many communities, including some of the cities and counties in two of the States visited. For all practical purposes the jailer's income consists of the difference between what he is allowed for feeding the prisoners and what is actually spent for that purpose, although sometimes turnkey fees and free living quarters supplement this income. Such a system may encourage both more detention and longer detention.

Lack of adequate institutional facilities may result in a child's being held in jail after the court has determined that he is in need of institutional treatment. The holding of children who are mentally disturbed or retarded has already been mentioned. The three States visited do not have State training schools for the treatment of delinquent Negro girls. Because of this the court's choice may appear to be between jail detention and discharge without action of any sort, particularly if social services are not available.

But the absence of more suitable provision for detention care is not always the reason for the use of jails. The failure to use alternative resources may be due to lack of understanding of what they have to offer or to lack of confidence in them on the part of the police, court officials, or the community.

Police officials strive to fulfill the duty for which they are held responsible by the community. If the community generally lacks knowledge of the extent of the problem and of its implications the police may think and act only in terms of the security, safety, and protection of the community. The confidence which the police have in the juvenile court also affects their actions. Appreciation and understanding by the police of the procedure of the court and of its allied services many times determine not only whether a child will be held in jail overnight or longer before the court is notified but even whether or not a child will be taken into custody. If the police lack confidence in the court they may apprehend only the child committing a serious offense and overlook all others or give them a casual warning without follow-up.

In more than two-thirds of the delinquency cases that are reported to the Children's Bureau by juvenile courts each year, the source of referral is the police. Since the police are thus in a strategic position, not to make them an integral part of social planning would seem to be a short-sighted policy. In the absence of strong community feeling against jail detention for juveniles the method of dealing with specific cases often depends upon the personal relationships developed among the court staff, the police, and social workers. Such procedure is subject to change with personnel shifts and is not built on sound, accepted child-welfare procedures.

A piecemeal attack on the problem is doomed to failure. The use of jails is rooted in the social fabric of the community and cannot be dealt with as an isolated problem. Jails have been a part of the community pattern since colonial days, and the modern philosophy

[4] Juvenile Court Laws of the United States, p. 59. National Probation Association, 1939.

[5] Biennial Report for State Department of Public Welfare, fiscal years ending June 30, 1938, and June 30, 1939, p. 103, Richmond, 1939.

that they should not be used for children and adolescents will not automatically, or even easily, change that pattern. Skilled and concerted effort will be required, both to gain and to maintain the desired goal.

Some communities are making substantial progress in their approach to the problem. Trends in the three States visited are encouraging from the point of view of both decrease in the numbers detained in jail and the genuine interest and effort being made to eliminate this outmoded practice. Georgia reported a decrease of 357 in the number of juveniles (30 percent) placed in jail in 1941 as compared with 1939. North Carolina reported a decrease of 217 cases (30 percent) in the fiscal year 1941–42 as compared with 1940–41. Although the State-wide figures were not available for South Carolina it was reported there were some evidences of improvement in certain communities.

Factors in the decrease in jail detention that has occurred in the States visited are the interest and effort of local officials and child-welfare workers and of the State departments of welfare. Especially important in the two States with provision for jail inspection and reporting of statistical data has been the vigilance of the jail inspectors and other State officials in raising questions with county officials as to the reason for detention and in bringing cases to the attention of welfare officials who can help in making other plans.

Although the State departments of public welfare are aware of distressing local situations the remedy is often beyond their direct control because the responsibility rests with the local community. Willingness to accept this responsibility is found in a considerable number of communities, among them several of those visited. Citizens' committees have sponsored studies and backed the development of juvenile courts and of provision for detention elsewhere than in jails. In one area, for example, an advisory committee has been set up to meet monthly with the juvenile-court judge. Social agencies, schools, juvenile courts, churches, civic groups, and interested citizens, working together and providing leadership have offered enough examples to prove that when the community is convinced that such practices are no longer useful to our society jail detention can be eliminated and other facilities provided.

Sound working relationships between juvenile courts and social agencies, based on mutual respect and understanding, are essential. Too many times juvenile-court judges and their representatives ask help from social agencies only to have action take place so slowly that it is of no value in helping them meet an emergency. On the other hand, social workers often feel that they are called upon only in emergency situations which do not permit adequate planning and treatment. Although sufficient time must be allotted to plan and carry out a sound piece of work, social workers must recognize that unless their services prove flexible enough to be of assistance in an emergency they may never be called upon to help on a preventive basis. The court on its part needs to be aware of the fact that many of the cases considered emergencies really do not need to be handled as such, and that preventive measures and cooperative planning with welfare officials can substantially reduce the number of real emergencies.

From the experiences of the people interviewed who were directly involved in the problem of jail detention some specific needs appear:

Social workers should give much more consideration to the strategic place of the police in this whole problem. The confidence of the police in the services available for children after arrest frequently determines not only the number arrested and the type of offenses for which they are apprehended, but also the speed with which the police refer juveniles to the court and social agencies.

Social services for making sound social diagnosis should be available to law-enforcing officials in order that they may understand the types of problems presented and the need for detention in individual cases. Such service is doubly important now in view of the war dislocations.

Providing alternatives to jail detention, especially the locating of family boarding homes and the placement and supervision of children in them, must be recognized as a specialized and skilled service that should be available to the court from social agencies.

Child-welfare workers, especially in rural areas, should receive more assistance from State authorities in carrying out their responsibilities for community organization, utilization of community groups, and planning of community programs.

Delinquency as fostered by war dislocations and stresses has a direct relation to the availability of community facilities for meeting the needs of children and young people. It must be reemphasized that war does not bring new types of delinquency but merely accentuates problems already existing.

The continued use of jails for detention of juveniles constitutes an additional source of stress rather than a remedy. As the contributions of psychiatry, psychology, education, sociology, and social case work advance our understanding of behavior within its social setting, the place of jail detention in meeting such needs grows proportionately less tenable. The development of further cooperative working relationships among child-welfare services, the police, the courts, and the community can mean the elimination of this vestigial procedure.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Congress Votes Maternity-Care Funds for Service Men's Wives

Congress has included in the First Deficiency Appropriation Act for the fiscal year 1943 an item of $1,200,000 for the Children's Bureau for grants to States (including Alaska, Hawaii, Puerto Rico, and the District of Columbia), for emergency maternity and infant care, to provide in addition to similar services otherwise available medical, nursing, and hospital maternity and infant care for wives and infants of enlisted men in the armed forces of the United States of the fourth, fifth, sixth, or seventh grades, under allotments by the Secretary of Labor and plans developed and administered by State health agencies and approved by the Chief of the Children's Bureau.

This appropriation makes it possible to continue to provide maternity care for wives of enlisted men and hospital, medical, and nursing care for their infants in 30 States under maternal and child-health funds and to provide services in other States. In discussing the report of the conference committee before the House of Representatives, Representative Cannon of Missouri said:

> I think that item meets with the warm approval of every Member of the House on both sides of the aisle, and I might say of every Member of both Houses. It has the unanimous approval of the conference committee and I have heard of no opposition to it from any source. It was not included in the original House bill because there was no authorization of law for it. Of course, there is no such rule in the Senate.
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> Of course this is a departure. It marks the adoption of a new and benevolent policy. Provision for maternity care for soldiers' wives in time of war has never been attempted before. It is a laudable provision which all approve, but I can very well understand how some might feel that it is a service which should be provided by the States rather than by the Federal Government. However, I am glad to say there was no difference of opinion as to the merit of the proposition in either the subcommittee which reported the bill, or the committee of conference which passed on it today.

The Nutrition of Mothers and Children in Wartime Britain

The degree to which Great Britain has succeeded in maintaining nutritional status on a restricted food supply interested nutrition workers in this country months before we ourselves were called upon to make adjustments in our peacetime food habits. From now on each report of British experience is likely to be scrutinized for its applicability to our immediate nutrition problems. The brief summary that follows presents merely the highlights of published material [1] that appealed particularly to a nutritionist. Other child-health and welfare workers will wish to consult for themselves those sources to which they have access.

The principles governing allocation of food for British children were summed up by Lord Woolton, Minister of Food, in the following sentence from an address before the 1942 annual general meeting of the National Baby Welfare Council: "The point in which we are interested is not the financial position of the mother, but the physical well-being of the child, and we cannot allow the child's health to vary according to the financial position of the parent." [2]

Under rationing special arrangements for children include provision of certain foods for the individual child and the extension of group

[1] 1941 and 1944 issues of the following periodicals: *The Lancet, The Medical Officer, Public Health, Mother and Child.* Releases from the Information Division of the Ministry of Food. Reports from the Children's Nutrition Council.

[2] Feeding Britain's Babies in Wartime, *Mother and Child,* Vol. 13 (July 1942), pp. 63–68.

feeding in schools, nurseries, and other centers. The allowance for rationed foods, with the exception of meat, are as large even for young children as for adults. In addition priority is given to children in the distribution of certain important protective foods, notably milk, oranges, and eggs.

According to the Ministry of Food, in May 1942 [3] more than 80 percent of the children under 5 and expectant and lactating mothers were benefiting under the National Milk Scheme, through which 1 quart of milk daily is made available at low cost or free to infants under 1 year as well as to lactating mothers. Children between 1 and 5 years whose family income is below a specified minimum are given priority in obtaining additional milk free or at low cost. Children in school may obtain one-third or two-thirds of a pint of milk either free or at a price in line with the financial status of the family. The consumption of milk in Great Britain has actually increased during the war, and unquestionably the rate of increase has been most marked among children of the families who would be least able to buy the milk at the full retail price. The old adage, "Blessings brighten as they take their flight," seems still to hold good from the statement from one area that it is no longer difficult to persuade families to buy and use the milk for which they are eligible.

Cod-liver oil and concentrated fruit juices rich in vitamin C are obtainable for young children at low cost through clinics and other local distribution centers. Concentrated orange juice from the United States is the principal source of vitamin C for British children, although locally produced black-currant syrup and puree and rose-hip syrup are valuable supplements.

The number of elementary and secondary-school children served a noon meal at school has increased many fold since the beginning of the war, but the number of free meals served has fallen, as parents are fully employed. Local education authorities have the assurance of the Minister of Food that sufficient food will be available for school meals; they are given priority in the distribution of certain scarce but unrationed foods such as cocoa. To remove any financial obstacle to the extension of school feeding, the local school authorities are reimbursed up to 95 percent for any losses incurred. Most meals are served at a price slightly below the cost of the raw food. The London County Council looks out for large families by charging fourpence for the first child's meal, threepence for the second, and twopence for each additional child.

[3] The Feeding of Children and Young People. Ministry of Food, Information Division, 1/BD/10, May 4, 1942.

Apparent Nutrition Status of British Mothers and Children.

As in peacetime, a lively debate on ability to evaluate over-all nutritional status continues in the public-health journals, with the negative side at least holding its own. One of the spokesmen for the negative argues that the best of indices can do no more than reveal a child's status at a given moment and cannot indicate whether the cross section is taken on the upgrade or the downgrade, the very information that it is most important to know. There is general agreement that nutritional status has not deteriorated markedly since the country has been at war. Whether or not milder degrees of general malnutrition or of specific deficiency disease are more prevalent is open to question.

There is some evidence that women of childbearing age have suffered more than children. In Birmingham the women cared for in maternity homes or receiving prenatal supervision in child-welfare centers in 1941 showed considerably less gain in weight in the last 10 weeks of pregnancy than did the maternity-home patients of 1936. The proportion showing either a loss in weight or a gain of less than 6 pounds rose from 40 percent in 1936 to more than 60 percent in 1941. Determinations of the hemoglobin concentration of the blood of women and adolescent girls in London and the "home counties" revealed a disquieting increase in anemia, especially among housewives in the poorer sections of London and both nurses and children in residential nurseries in the country. An apparent increase in anemia among children is also reported from Birmingham and attributed to lack of vegetables, fruit, eggs, and meat.

Reports as to the effect of the war on the nutritional status of school children are less conflicting than might be expected considering the lack of objective indices and the wide differences in the groups under observation. There is general agreement that increased consumption of protective foods and more adequate health services in the years preceding the war had raised the level of nutrition so that most children have had some "capital" to draw upon during the last 3 years. In this connection, an editorial in the *Medical Officer* comments: "The pre-war standard of nutrition of school age cannot be fully maintained by the diet available to them at present but is probably sufficient to maintain that of about 10 years ago."

Some school physicians report no evidence of impaired nutrition; others have noted a poorer showing in general in succeeding routine medical examinations and an increase in certain signs of nutritional deficiency. There is some indication of a "leveling-off"; that is, fewer children seem to be definitely malnourished than in periods of widespread unemployment and fewer seem to be in excellent nutritional condition.

Aided by funds from the Rockefeller Foundation a group of physicians, biochemists, and physiologists at Cambridge University is now investigating economic, dietary, clinical, and biological methods of assessing human nutrition.

Some Socially Motivated Nutrition Investigations.

Several of the reports of food and nutrition studies that have come recently from Great Britain are unusual in that the motivation has obviously been to lay the foundation for public policy. One of these is a study made by a committee of the People's League of Health of the effect on maternal and infant mortality and morbidity of improving the diet of expectant and nursing mothers. The data were preliminary findings obtained from the hospital records of more than 5,000 pregnant women in London just before the outbreak of war. The preliminary report, which appeared in the summer of 1942 in the *Medical Officer*, suggests strongly the value of improving inadequate diets in pregnancy and points out the importance of such findings to national welfare.

The Children's Nutritional Council, a newly created organization, is responsible for a small-scale study of the actual consumption of rationed foods by various members of the family as contrasted with the allocation under the ration. If the 40 wage-earning families of Edinburgh who were studied are representative, mothers give up milk to their children, cheese and meat to their husbands, and eggs to both husbands and children. Young children get their full share of milk and eggs but very little meat and cheese. Young people between the ages of 15 and 25 were reported "to be having a particularly lean time in almost 9 cases out of 10."

The secretary of the Children's Nutrition Council has carried out also a study of school lunches, which was sponsored by the Education Committee of Hertfordshire.[4] To throw light on "the impact of school-meal schemes upon the lives of children," school boys and girls were asked to write essays giving their frank impressions of the school canteen. Six hundred essays drawn without selection contained many valuable suggestions, intentional and otherwise, for the future development of school-lunch service. The general tone was one of sober appreciation of the contribution of the school lunch to the war effort.

M. M. H.

[4] Clark, F. Le Gros: The School Child and the School Canteen. Hertfordshire County Council, Hertford, England, 1942.

Materials Available for May Day Use

PROTECTING THE HEALTH OF YOUNG WORKERS IN WARTIME. Children's Bureau, Washington, 1943. 12 pp.

Reasons why the great numbers of high-school youngsters who are going to work in this wartime period should have special health protection are pointed out in this pamphlet. Recommended protective measures include a physical check-up on each child before he enters employment, avoidance of hazardous or overtaxing jobs, limitation of working hours, healthful surroundings at work, a hot noon meal, healthful living habits, and health and safety education. Suggestions are given as to what various groups can do to assure young workers the protection needed to safeguard the health of the Nation's future manpower.

FACTS ABOUT CHILD HEALTH, 1943. Children's Bureau, Washington, 1943. 16 pp.

The 1943 edition of this pamphlet, in printed form, gives briefly some outstanding facts on the number of children in the United States, the health needs of children, maternal and child-health programs under way, and the effect of the war on health services for mothers and children.

TO MOTHERS AND FATHERS OF THE NATION'S WARTIME CHILDREN, EVERYWHERE, U. S. A. Children's Bureau, Washington, May 1, 1943. A letter to parents from Katharine F. Lenroot, Chief of the Children's Bureau, concerning the needs of children in wartime.

Day-Care Notes

Status of Plans for Day-Care Services

As of March 15, 1943, 23 State welfare departments had submitted plans for the care of children of working mothers. These plans have been reviewed in the Children's Bureau and approved by the Office of Defense Health and Welfare Services. The following States now have funds for personnel to administer their programs: Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, North Carolina, South Carolina, Utah, Virginia, and Washington. Twenty-six State plans submitted by State education departments to the United States Office of Education have been approved. The Office of Defense Health and Welfare Services has extended grants to States to carry on programs until May 15, 1943.

The 23 welfare plans provide for the employment of 116 consultants. Twenty of these consultants will work on the State level as directors of the State day-care programs, as consultants on day care, as assistant directors of the State program, as coordinators of the program, or as secretaries of the State day-care committees. Thirty-two will serve as field consultants on the State staff providing consultation on special aspects of the day-care program or serving on a regional basis. Sixty-four will be employed in local areas to give assistance in community organization and planning.

A Community Foster-Family Day-Care Program

Plans for a foster-family day-care program in cooperation with the "block-mother organization" of the Office of Civilian Defense were begun in one community during February.

An industrial community in the Middle West was chosen where women are entering industry in increasing numbers. In this community the county department of public welfare had considered organizing such a program because requests for the day care of children were being received in their children's division. The Office of Civilian Defense offered the services of the block-mother organization to distribute material to women who might be interested in caring for children of employed mothers in their neighborhood. Volunteers were recruited from the American Association of University Women, the College Club, the Civilian Volunteer Service Corps. These volunteers, after taking a training course, will make a preliminary study of foster homes. The training course for volunteers is to be developed and given by professional staff of the children's division of the department of public welfare.

Recommendations on Care for Children of Working Mothers

National Federation of Settlements

Policies on child care in wartime to be recommended to the Office of Defense Health and Welfare Services were agreed upon unanimously by the board of directors of the National Federation of Settlements at a meeting on January 9–10, 1943. The board recognized the need for employment of women but emphasized the inadvisability of employing mothers of children under 2 years of age under any circumstances and the advisability of deferring the employment of mothers of children from 2 to 14 years until all other sources of labor have been exhausted or unless family conditions warrant it. Limitations and safeguards recommended for use if and when employment of mothers of young children becomes necessary include part-time working shifts, adequate facilities for the day care of children from 2 to 14 years, the careful supervision of all child-care services, and the provision of information and counseling service for mothers on a community-wide basis.

Child Welfare League of America

The board of directors of the Child Welfare League of America, which has recently assumed responsibility for the program of the National Association of Day Nurseries, adopted resolutions on January 9, 1943, urging that the interests and welfare of children be given precedence in communities and homes, that family life be strengthened, and that in inducting women into industry the safeguards concerning the mothers of young children enunciated by the War Manpower Commission be strictly adhered to. The board recommended that programs for the day care of children be recognized and administered as part of the over-all programs of the States and localities, through Federal, State, and local agencies already established and charged with the responsibility for child-welfare and educational programs. It urged full participation in the national program of day care of the Children's Bureau, the Office of Education, and the Office of Defense Health and Welfare Services.

BOOK NOTES

CHILDREN'S CENTERS; A GUIDE FOR THOSE WHO CARE FOR AND ABOUT YOUNG CHILDREN, edited by Rose H. Alschuler, and issued by National Commission for Young Children. William Morrow & Co., New York, 1942. 168 pp. $1.50.

In compact form this volume contains a wealth of material on one phase of the day-care program—the care of young children in groups. Persons in communities not familiar with good nursery schools will find here a clear and simple exposition of the philosophy of nursery education, together with detailed material on techniques and practices. The book includes material on play, on daily routines, on records, and on special services such as health, nutrition, psychological services, and social services.

A chapter is devoted to staff and staff meetings, and one to volunteers and in-service training. There is considerable detailed material on housing, including plans, and on equipment. An annotated bibliography covers the main subdivisions of the field.

Emphasis is laid on the adaptation of the nursery school to the problem of caring for children of war-working mothers and on ways in which adjustments of limited space and materials can be made.

This is the type of publication that should be of value to members of local day-care committees and to professional personnel from fields allied to nursery education, as physicians, nurses, and social workers. Its timely appearance should be of help in safeguarding children, as well as furthering the war effort in aiding with the solution of the manpower problem.

K. B.

CHILD LIFE IN SCHOOL: A STUDY OF A SEVEN-YEAR-OLD GROUP, by Barbara Biber, Lois B. Murphy, Louise P. Woodcock, Irma S. Black. E. P. Dutton & Co., New York, 1942. $3.75.

This book of contextual records in narrative form is the result of a study in which the authors "have taken a small sector of child life and attempted to describe it in terms of a psychological community." The study might be called a psychological "Middletown." Their premise is that "because behavior and personality cannot be truthfully summed up or averaged, we can achieve our description of an age level only through detailed study of the patterns of behavior and growth of the individuals comprising the group."

The group of children were pupils of a progressive school whose program is described as "flexible, varied, permitting considerable latitude of expression and fulfillment for different interests, skills, and understanding between individual children." Ten children, 5 boys and 5 girls, were selected as representative of a larger group of 35 for individual study. The purpose of the study is to give a realistic account of the quality, tone, and content of these 10 children's reactions from data collected both from classroom behavior and from a series of problem situations experimentally set up. Individual studies of 7-year-olds are rare, and this study presents a body of data in which the "learning process and the social process" are "seen as a single growth process."

PARTIES PLUS—FUN FOR THREESOMES, FOR WARTIME RECREATION. National Recreation Association, 315 Fourth Avenue, New York. 1943. 62 pp. 50 cents.

Two very real problems in planning recreation programs in communities near Army camps where men outnumber the girls and in war production areas where girls often outnumber the men are dealt with in this booklet prepared by the National Recreation Association. Games that can be played in threesomes, square dances, singing games, and other activities outlined in this handbook are suitable for group work in schools and playgrounds, as well as with older groups.

CHILDREN'S REACTION TO THE WAR, by J. Louise Despert, M. D., New York Hospital and Department of Psychiatry, Cornell University Medical College, New York, 1942. 102 pp. Includes a critical survey of the literature and a special study of children's reactions to the war.

BUREAU OF CHILD STUDY AND THE CHICAGO ADJUSTMENT PLAN. Chicago Board of Education, Chicago, 1942. 88 pp. 25 cents. A description of psychological service in the Chicago public schools and the method of individualizing instruction in a metropolitan school system.

• YOUNG WORKERS IN WARTIME •

Part-Time Employment of Students in Connecticut

Citing the findings of a questionnaire survey recently made in four Connecticut cities on the employment of pupils in junior and senior high schools outside school hours, the Connecticut Department of Labor and Factory Inspection, in an article entitled "Oh, Emergency Spare That Child,"[1] voices the concern felt by child-labor administrators, educators, parents, and other interested groups and individuals over the increasing employment of students under conditions detrimental to their health and schooling.

In addition to children employed in street trades and domestic service[2] more than one-fourth of the students covered by the survey (4,748 out of 17,295) were employed outside school hours. Of these working students 1,003 were under 16 and working in occupations prohibited to children of this age by State law. Children from 11 to 18 years were employed in all sorts of enterprises, working 6 and 7 days a week, 40, 50, and 60 hours a week and at night until long after midnight. Boys as young as 11 years of age were working as pin setters in bowling alleys, often until 1 o'clock in the morning. Boys 16 and 17 years of age worked the graveyard shift in factories, and girls of 16 worked the shift from 3 to 11 p. m. after finishing school for the day.

In Connecticut the effect of illegal and unregulated employment of school children has already manifested itself in juvenile delinquency and in decreased school enrollment and attendance.

The situation revealed by the Connecticut survey is not unique. Surveys of the part-time work of students in other areas reveal similar distressing conditions. The problem is a serious one, and challenges the attention of all who believe that "children bear the promise of a better world."

[1] Purtell, Edna M.: Oh, Emergency Spare That Child. *Monthly Bulletin*, Connecticut Employment Security Division and U. S. Employment Service, January 1943, p. 6.

[2] Employment in these occupations outside school hours is not covered by the Connecticut child-labor law.

New Children's Bureau Publications

GUIDES TO SUCCESSFUL EMPLOYMENT OF NONFARM YOUTH IN WARTIME AGRICULTURE. Publication 290. Washington, 1943. 14 pp.

Careful selection, special preparation, experienced leadership, good conditions of work, satisfactory living conditions and recreation, and coordinated community planning are stressed as essential factors for success in employing nonfarm youth in wartime agriculture. Prepared in consultation with the Department of Agriculture, Office of Civilian Defense, Office of Education, and War Manpower Commission, these "guides" are offered by the Children's Bureau for use in the Victory Farm Volunteer Program and other programs for use of young workers in agriculture.

The requirements outlined for use in selecting young workers for farm work include a minimum age of 14 years for children living at home and going to work by the day and 16 years for boys and girls living away from their families in farm homes or work camps, documentary proof of age, written consent of parents, and physical fitness for the job. Under the Fair Labor Standards Act of 1938 producers shipping goods in interstate commerce are barred from employing children under 16 in agriculture while they should legally be in school.

ACCIDENT HAZARDS TO YOUNG WORKERS IN WARTIME AGRICULTURE, by Miriam Noll. 1943. 10 pp. Mimeographed. Contains factual information on farm-accident hazards, based on statistical data for various parts of the country; with suggested methods for minimizing hazards for inexperienced young workers employed on farms during the war.

OBSERVATIONS ON EMERGENCY PROGRAMS FOR THE EMPLOYMENT ON FARMS OF WORKERS UNDER 18 YEARS OF AGE: summer and fall, 1942. Covers types of programs, organization, recruitment and placement practices, age of young workers, selection, preparation and training, supervision, working conditions, sanitary facilities, accident prevention, work camps, housing, provision of medical care, and turn-over.

TEN QUESTIONS ANSWERED ABOUT THE CHILD-LABOR PROVISIONS OF THE FAIR LABOR STANDARDS ACT OF 1938. Folder 28, revised January 1943.

Social-Insurance Law in Mexico

Its Application to Mothers and Children

The movement for social insurance in the American countries has recently been advanced by the enactment of a law in Mexico.

The need for social insurance in Mexico was first expressed in the Federal Constitution of 1917, in its article 123 on labor and social welfare. Recently the Government of Mexico, following the example of other American countries, asked the aid of the International Labor Office in drafting the law. Copies of the bill were made available to the public, and its meaning was explained in public lectures. The bill passed both houses of the National Congress in December and became law on January 19, 1943.

The law applies to most employed persons except Government employees, farm workers, industrial home workers, persons in domestic service, and temporary workers, for whom subsequent regulations are to be issued. No wage limit is specified for the application of the law.

Insurance is to be provided for the contingencies of illness, accidents whether industrial or not, maternity, involuntary unemployment, invalidity, old age, and death. Contributions are required from the workers in proportion to their wages, with equal amounts from the Government, and double amounts from employers.

Provision is made for the protection of mothers and children. In cases of illness the insured person will receive medical and surgical care, medicines, and, if unable to work, a cash payment of about one-third of his or her wages. In addition, the woman insured in her own right receives during pregnancy, confinement, and the puerperium the following benefits: Medical care, including attendance at childbirth, a cash benefit equal to the sick benefit and payable for 6 weeks before confinement and 6 weeks afterward; in addition, during a week before the expected date of childbirth and a month after delivery the sick benefit will be increased to equal the woman's wages. The benefit is paid only if the woman receives no sick benefit from another source and if she is not engaged in paid work during that period. Before the passage of the social-insurance law the employer was required under the labor law to pay the woman full wages for 1 week before childbirth and 1 month afterward, during which time her employment was prohibited. A nursing benefit not exceeding one-half of the sick benefit is paid to the mother for 6 months after childbirth or, in her absence, to the woman caring for the child.

The wife or common-law wife of an insured man and their children under 16 are also entitled to medical and surgical care and medicines, provided they are economically dependent on the insured and are themselves not entitled to benefits under the social-insurance law. The wife of an insured man, or the woman living with him in common household, is entitled also to obstetric care.

The law provides for invalidity and old-age pensions and unemployment benefits. Upon the death of an insured man a funeral benefit of 120 pesos is paid to his family, also a pension—smaller than the old age or invalidity pension—to his widow or to the woman with whom he had lived in common household, and to their children. The same applies to the children of an insured woman. No distinction is made between children of legitimate and those of illegitimate birth.

The importance of preventive medical services of individual or general application, as a means of forestalling illness and disability, is emphasized.

The law is to be put into effect gradually and is to be administered by the Mexican Institute of Social Insurance (Instituto Mexicano del Seguro Social), an official agency which is authorized to inspect establishments employing workers subject to insurance.

Penalties are prescribed for failure to comply with the law.

A. K. S.

Diario Oficial, Mexico, January 19, 1943, second section, and *Trabajo y Prevision Social*, Mexico, December 1942 and January 1943.

Chile

Coordination of Child-Welfare Work

An official commission of five persons has been appointed by the Government of Chile to consider the coordination of the maternal and child-welfare work, now scattered among various agencies, and to prepare a plan for combining the agencies into a single organization.

Diario Oficial, Santiago, Chile, August 25, 1942.

Haiti

New Education Law

The education law of January 10, 1942, carrying out a provision of the National Constitution of Haiti, makes primary education compulsory for children 7 to 14 years of age; a child may leave school earlier if he finishes the prescribed course before reaching the age of 14. Tuition is to be free in public schools.

Parents who fail to send a child to school or to provide private instruction for him within a week after the beginning of the school term are brought to court, and are subject to punishment by fine or imprisonment.

An annual census of children of school age must be taken.

The law is administered by the Department of Public Education, which is also given responsibility for the licensing and supervision of private schools.

Le Moniteur, Port-au-Prince, Haiti, January 19, 1942.

Mexico

National Institute of the Science of Nutrition

The Federal Government has announced that it will provide 125,000 pesos annually toward the upkeep of the newly established National Institute of the Science of Nutrition (Instituto Nacional de Nutriología) in the Federal Department of Public Health.

The work of the National Commission on Hygiene of Foods (Comisión Nacional de Higiene de la Alimentación) will be coordinated with that of the Institute for the purpose of improving the quality and quantity of the food supply of the workers in rural localities and in cities.

El Popular, Mexico, January 2, 1943.

Panama

New Child-Welfare Measures

A Presidential decree of July 22, 1942, provides for the establishment in Panama of an "institute for child supervision and protection" (Instituto de Vigilancia y Protección del Niño) to take care of children under 16 accused of illegal acts and children who are neglected, destitute, or mentally defective. These children will be placed in the custody of the institute pending the disposition of their cases by the courts or other authorities. The institute will investigate each case and send the report and recommendations to the agency in charge of the case. A child not guilty of an offense against the law but needing special educational or protective measures may be returned to his parents or guardian or may be placed in a foster family or institution, in any case under supervision of the institute. Children guilty of offenses against the law are committed to correctional institutions where they are also supervised by the institute. An adult contributing to the delinquency of a child under 16 or failing to give him the care and protection required by law is to be punished by a fine or imprisonment.

Provision is made for the establishment of a detention home for children pending a decision in their cases and of a psychiatric clinic for the examination of juvenile delinquents and children presenting behavior problems.

Gaceta Oficial, Panama, July 24, 1942.

Peru

First National Congress on Child Protection

Acting upon a recommendation of the Peruvian Pediatric Society, the Government, through the Ministry of Public Health, Labor, and Social Welfare, has issued a special resolution convening the First National Congress of Child Protection to be held in Lima, Peru, April 11–17. The same resolution designates Dr. Manuel Salcedo, the Director of the National Institute of the Child, as the delegate of the Ministry on the Organizing Committee for the Congress.

Dr. Salcedo visited the United States in May 1942 as chairman of the Peruvian delegation to the Eighth Pan American Child Congress.

Bureau correspondence.

• EVENTS OF CURRENT INTEREST •

David Craig Adie

The death of David Craig Adie on February 23, 1943 at the age of 54 years deprives the Children's Bureau of the counsel and inspiration of a man who was an unfailing source of strength and guidance. Mr. Adie was a member of the Children's Bureau Commission on Children in Wartime and during the 10 years of his service as Commissioner of Social Welfare of New York State he participated in the work of many conferences and committees under the auspices of the Bureau. Mr. Adie was as truly a pioneer as the men who stand out in the early history of public welfare in the United States and the policies and practices which he established have made an indelible impression upon development of State and local services for children and families throughout the country as well as in his own State.

Through the accidents and designs of fate and his own indomitable will, David Adie's whole life was shaped toward the end of social service. He was a man of rare spiritual qualities, and he understood the needs of his fellow men because their hardships and ambitions had been a part of his own life. He was an idealist who was granted the God-given opportunity of helping to bring some of his dreams of social justice nearer to realization. No one who had the privilege of sharing Mr. Adie's work in any measure could fail to be impressed by the gentle spirit and the abiding faith and patience which were welded with administrative ability of a high order. He was truly a great leader who strengthened the hands of his staff in the performance of their tasks and put life and meaning into the service of the State to those who need its care and protection.

Mr. Adie's philosophy of social service was expressed in a statement which he prepared as president of the New York State Conference on Social Work, 1941–42:

> We have turned from defense to war. Social workers now have a multitude of new tasks placed upon them. The critical emphasis placed upon utilizing every possible unit of manpower points up in dramatic fashion the all-important objective of the social worker—to conserve and promote human values. The American social worker has in his hands a significant share of the task of restoring to America, prepared and equipped for useful citizenship, great numbers of urgently needed men and women. But, above all, the social worker must continue and extend, the philosophy and services that represent our internal defenses, the social reinforcements that underpin the stamina of our people. After all, it is the democratic processes behind these social services that we are fighting for—the guarantee that every American man, woman, and child will be assured the basic needs of life, freedom from want and fear, the opportunity for every child to reach mature citizenship with a healthy body, a sound mind, an undamaged personality. This is the promise and performance of democracy. This is what our soldiers are fighting for at the battlefront. This is what the American social worker must fight for on the home front.
>
> E. O. L.

National Family Week, May 2-9

National Family Week is sponsored by national religious bodies—Protestant, Catholic, and Jewish—to arouse public concern for wartime problems involving family life and to set in motion locally practical programs of continuing action. The Office of Civilian Defense is distributing through State and local defense councils information concerning National Family Week programs and suggestions for cooperation with church leaders in the formation of local National Family Week committees. The Children's Bureau is making available for use that week its publications bearing on family life.

CONFERENCE CALENDAR

Apr. 8–10	National Probation Association, St. Louis, Mo.
Apr. 12–16	National Conference of Social Work. St. Louis regional meeting.
Apr. 24–May 1	National Boys and Girls Week. For manual of suggestions, write to National Boys and Girls Week Committee, 35 East Wacker Drive, Chicago.
May 24–28	National Conference of Social Work. Cleveland regional meeting.
June 28–29	National Education Association of the United States. Business meeting of the Representative Assembly, Indianapolis.

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS
MAY 18 1943

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Rheumatic Fever in Children

By Betty Huse, M. D.,
Regional Medical Consultant, Division of Health Services, Children's Bureau

RHEUMATIC fever kills more school-age children than any other disease. The Bureau of the Census, in data compiled from death certificates for 1941 (*1*), lists 497 deaths in the age group 5 to 14 years from "acute rheumatic fever"; to these must be added 85 percent of the deaths from "diseases of the heart (all forms)," since it is generally accepted that nearly all heart disease in children is caused by rheumatic fever. (*2*) Thus, a total of about 1,800 deaths were caused by rheumatic fever (table 1). The next largest number of deaths in this age group caused by any disease was 1,763—pneumonia (including influenza). Appendicitis was third, with 1,273 deaths. Rheumatic fever continues to be a serious threat to children of high-school age; although tuberculosis is the leading cause of death from disease in the age group 15 to 19 (3,257 deaths in 1941), rheumatic fever is second, with an estimated 1,500 deaths due primarily to this cause.

TABLE 1.—*Estimated number of deaths caused by rheumatic fever among children 5–14 years, 1941*

Cause of death	Age at death			
	5–9 years	10–14 years	5–14 years	15–19 years
Total deaths caused by rheumatic fever	719	1,098	1,817	1,487
Acute rheumatic fever	226	271	497	198
Diseases of the heart	*580*	*973*	*1,553*	*1,516*
85 percent of diseases of the heart	493	827	1,320	1,289

The Problem of Rheumatic Fever in Children

For a long time it has been said that rheumatic fever is a serious disease because it causes rheumatic heart disease. Nowadays, however, we are becoming more and more aware of the fact that rheumatic fever itself is the danger. It is rheumatic fever that kills and that causes long periods of illness.

Except in rare cases, a child with rheumatic heart disease dies because of rheumatic *infection*, not because of mechanical failure of the heart. (*3*) (*4*) (*5*) Postmortem studies, although they have not included large numbers of cases, have been remarkably consistent in finding that when children with rheumatic heart disease die they show the pathology of active infection (table 2). On clinical evidence, in a series of rheumatic children and young adults, 80 percent of 431 deaths were due to rheumatic infection, 19 percent were due to causes unrelated to rheumatic fever or heart disease, and less than 1 percent were due to congestive heart failure. "The latter occurred in the older age group, the oldest patient being 34." (*9*) Similarly, in another series of 100

TABLE 2.—*Pathological evidence of active rheumatic infection in postmortem studies of young persons with rheumatic heart disease*

Author	Age group	Total cases	Evidence of active rheumatic infection	No evidence of active rheumatic infection
Total		101	96	[1] 5
Rothschild, Kugal, and Gross (*6*)	1–20 yrs.	66	63	[1] 3
Wilson (*7*)	20 mos.–17 yrs.	26	24	[1] 2
Jacobsen and Davison (*8*)	3–13 yrs.	9	9	

[1] These showed complications, such as acute bacterial endocarditis, in addition to rheumatic heart disease.

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rheumatic children who died, 86 percent had clinical evidence of active infection. (*10*)

The large number of deaths caused by the disease, although evidence enough that it is a major health hazard, gives only an indication of the size of the problem of rheumatic fever in children. For every child who dies of rheumatic fever, there are many more who have been attacked by the disease and who have survived. Just how many attacks occur each year is not known, for rheumatic fever is not generally a reportable disease in this country. Since almost all heart disease in children is caused by rheumatic fever, and since about two-thirds of the children who have had rheumatic fever develop some signs of heart disease, accurate figures on the incidence of heart disease in children would give some idea as to the size of the problem of rheumatic fever. A number of surveys have been conducted among school children, especially in the larger cities, and the reported incidence of heart disease has varied from 0.37 percent to 8.1 percent. Obviously, these figures give only the roughest indication of the number of children who have had rheumatic fever. The number, however, must be enormous.

An attack of rheumatic fever is of serious consequence to a child. Several large groups of children who have had rheumatic fever have been watched for a number of years, and it has been found that 20 percent or more of these children die within 10 years of the onset of the disease (table 3). The deaths are due, for the most part, to *recurrences of rheumatic fever.*

TABLE 3.—*Mortality in series of patients with rheumatic fever*

Author	Number of cases	Period of observation (years)	Deaths during period of observation	
			Number	Percent
Martin (*9*)	[1] 1,438	12	377	26.2
Jones (*11*)	1,000	10	242	24.2
Kaiser (*12*)	216	10	46	21.3
Ash (*13*)	553	9.6 (average)	146	26.4
Wilson (*7*)	303	10	59	19.5
Coombs (*10*)	177	10	42	23.7

[1] Of these children, 1,398 had rheumatic heart disease, 40 had congenital heart disease.

Children who have had an attack are subject to recurrence of the disease; most of them have more than one attack. When it is realized that each attack of this chronic disease lasts about 6 months, the amount of prolonged illness caused by rheumatic fever, in addition to the high toll of life, is apparent. No figures or estimates can show the seriousness of this disease as it relates to the emotional and social upheavals and economic distress that it brings to the affected children and their families.

The Problem of Rheumatic Heart Disease in Children

The mechanical damage to the heart caused by rheumatic fever, unlike rheumatic fever itself, is of amazingly little consequence to children. Evidence cited previously in this article shows that deaths occur because of active rheumatic infection, not because of mechanical damage to the heart. Contrary to a rather widespread misconception, children with rheumatic heart disease do not "drop dead." This misconception has arisen from a popular confusion between heart disease of the rheumatic type in children and heart disease of an entirely different nature in adults.

If rheumatic heart disease does not ordinarily cause death, does it cause disability? Very little. Several large groups of children who have had rheumatic fever, as mentioned above, have been watched for long periods of time. At the end of a number of years of observation, the surviving children who had developed heart disease in some of these groups were studied to find out how much the heart disease handicapped them. In one series of 1,000 rheumatic children (*11*), 427 children had rheumatic heart disease at the end of a 10-year period. (Of the original group, 310 children had no heart disease, 242 had died, and on 21 data were insufficient.) Of these 427 children, 67 percent were not at all limited in their activities, 28 percent were moderately limited, and only 5 percent were markedly handicapped. In another series of 553 children (*13*), 208 children had rheumatic heart disease at the end of an average period of observation of 9.6 years. Only 10 of these were "cardiac invalids"; 22 were suffering from recent recurrences of rheumatic fever; and all the rest (85 percent) were leading normal lives. Another large group of children with rheumatic heart disease were followed (*9*) over a period of 20 years. At the end of this time, 499 had lived to reach working age, and of these, more than 90 percent were able to work. In another group of 224 children with rheumatic heart disease who had reached the age of 16 to 30 years (*7*), almost 90 percent were able to carry on their ordinary activity without circulatory symptoms.

The question whether deaths and disability are caused by rheumatic fever or by mechanical damage to the heart secondary to rheumatic fever (rheumatic heart disease) is far from academic. The whole approach to the problem is dependent on understanding this point. In tuberculosis the physician treats the infection, not the pulmonary lesion; the patient dies of tuberculosis, not of the damage to the lung; the recovered patient is warned against recurrent

infection, not told that he has a scar and will always have lung disease. In rheumatic fever misunderstanding of the situation in the past has been general, even among physicians; and from the physicians this lack of understanding has been communicated to the child, his parents, his school teachers, the public-health nurse, the social agency, and the general public.

As a result of this misconception, therapy and preventive measures have frequently been directed at the scars left by rheumatic fever rather than at rheumatic fever itself. Thus, the physical activity of many children has been restricted, not only unnecessarily but also harmfully since the attitude thus engendered has made many children and their parents morbidly afraid of heart failure and sudden death. Thus, many children have been falsely told that they have heart disease, since the exaggerated fear of rheumatic heart disease has persuaded many physicians to take an unduly serious view of any slight heart murmur. And, thus, treatment and prevention of rheumatic fever as a general infection have often been neglected.

Rheumatic Fever—A Public-Health Problem.

A disease that causes so many deaths and so much chronic illness among children obviously deserves attention, and there is growing realization that an organized public effort is necessary to attack rheumatic fever. In order to understand why the problem cannot be solved by individual and private efforts, let us consider briefly the nature of the disease and present knowledge about its prevention and treatment.

Rheumatic fever is a chronic, recurrent disease which usually begins in childhood. The most common age of onset is 7 or 8 years, but the first attack may occur at any time during childhood, although rarely during infancy, and sometimes the first recognized attack occurs in adult life. Symptoms vary: there may be pain in the joints, fever, chorea (St. Vitus dance), acute infection of the heart, skin rash, nosebleed, abdominal pain, or any combination of these. Severity also varies—for example, one child may have high fever and swollen, painful joints, another may have joint pains so mild that he goes about his everyday routine without knowing that he is sick. The disease usually continues for several months even after all symptoms have disappeared. Recurrence of the disease is the rule rather than the exception; most children who have recovered from one attack develop at least one other attack after an interval of months or years.

The cause of the disease is not known and there is, therefore, no specific way of preventing it. We know, however, that rheumatic fever most often attacks children who live in unfavorable environments. Damp and crowded housing, inadequate food and clothing, insufficient rest, inferior medical care—all play a role, probably, in rendering a child susceptible to this disease, as to many other diseases. We know, also, that upper respiratory infections, particularly those caused by streptococci, are dangerous to children who are susceptible to rheumatic fever. It follows, therefore, that prevention of rheumatic fever on a large scale calls for a broad social program, as well as for a vigorous public-health program.

Treatment of the child who develops acute rheumatic infection involves expert medical and nursing care, care in a hospital, usually, during the acute stage of the disease, and then rest in bed for a long period varying from a few weeks to many months. When the child has completely recovered from his attack of rheumatic fever, he can usually resume his normal life, but every effort must be made to prevent a recurrence of acute infection. The child should be examined periodically by a physician, and any illness or defect must be treated. His general health and resistance to disease must be kept at the highest possible level. The accomplishment of this aim involves not only medical but also social factors. If his home situation is unfavorable to healthy living, because of poor physical environment, lack of understanding by the family, or emotional problems, adjustments should be made. There is as yet no specific method of preventing recurrences that has been generally accepted. There is a growing body of evidence, however, that very small daily doses of sulfanilamide may protect children against recurrences of rheumatic fever. This offers great hope for the future.

What does treatment, as outlined above, involve? It involves a lot of money. Medical, hospital, and convalescent care are so costly that they are quite beyond the reach of families in the lower income groups, among which most cases of rheumatic fever occur.

And it involves parents educated to be aware of suspicious symptoms in their children; physicians trained in the diagnosis and treatment of the disease; hospital facilities for the care of sick children; convalescent wards, sanatoria, convalescent homes, or small nursing homes for the provision of long-time bed care for the child whose own home cannot be made adequate for this purpose; education and recreational therapy for children who are in bed for long periods; public-health nurses to visit the home, suggest methods for preventing the spread of colds, for improving nutrition, for healthy living; medical social workers and local social

agencies to help adjust social and economic factors in the home; school physicians, school teachers, and school nurses to watch for symptoms of recurrence of the disease; occasionally, vocational-rehabilitation services for the vocational guidance of adolescent children with serious heart damage. It takes more than money to get these services—it takes vigorous organized effort in the community, in the State, and on the Federal level.

The United States Children's Bureau in 1939 set aside some of the funds granted for services for crippled children under the Social Security Act for the development of State programs for children with rheumatic fever. (*14*) (*15*) (*16*) To date, 14 States have offered these services: California, Connecticut, the District of Columbia, Idaho, Iowa, Maine, Maryland, Minnesota, New York, Oklahoma, Rhode Island, Utah, Virginia, Washington. The programs are small, serving usually only two or three counties of the State. It is obvious, therefore, that the programs are caring for only a very small number of the rheumatic children in the country. On the other hand, the problems involved in programs under public administration for good, complete, and coordinated care to these children are being thoroughly explored on a small scale. Now, 3 years after the first State rheumatic-fever program began, many of the problems are well on the way to solution. The State agencies have learned a great deal about rheumatic fever, and they have learned that a successful attack on the disease depends not only on the activities of the agency itself, but perhaps even more on the mobilization of community interests and resources in an integrated plan.

The experience that has now been accumulated would allow for rapid expansion of these programs to care for thousands of rheumatic children who are not now under care. A public educated to realize the importance of the problem, more physicians trained in the diagnosis and treatment of the disease, additional convalescent and sanatorial beds, and the financial wherewithal to provide the necessary care—with all these, the problems of rheumatic fever would be well on the road to solution.

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A limited supply of reprints of this article will be available from the Children's Bureau, Washington, D. C.

Dental Services[1]

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As expenditures for dental programs under approved maternal and child-health plans are increasing each year, an analysis of these services may form a basis for discussing the problems of public-health dentistry and may perhaps point out those services which are most essential to a good program.

Any program supported by public funds should attempt to promote the welfare of all the people it serves, and to be successful must receive the cooperative support of all the people whom it influences and who are ultimately affected by its success or failure. The growth of State dental programs gives evidence of the cooperative interest of the professional group most vitally affected, the practicing dentists.

The number of men rejected for military service under the Selective Training and Service Act of 1940 was not the first evidence that many were not receiving adequate dental care.

Dental caries, though not appearing in mortality tables as a cause of death, continues to be the most frequent physical defect. The results of dental decay are not so obvious as the paralysis caused by the virus of acute poliomyelitis, so dramatic as the cardiac accident, nor attended by so much suffering as malignant new growth. Still, this condition, which may appear soon after the eruption of the first deciduous tooth, continues to encroach on the physical fitness of man until the exodontist removes the last site of activity and artificial dentures free him from further degenerative process.

For the fiscal year ended June 30, 1942, the 48 States, the District of Columbia, Puerto Rico, and the Territories of Hawaii and Alaska administered plans approved by the Children's Bureau authorizing the expenditure of nearly $10,922,000 for maternal and child-health services.[2] Of this total, $665,000 (6 percent) was for dental activities.

From maternal and child-health funds the States budgeted $639,000 for salaries, fees, and travel for dental personnel. This includes full-time and part-time dentists and dental hygienists, and fees paid to practicing dentists on either a clinic or an hourly basis. In addition, funds were budgeted for scientific supplies and equipment which could not be identified as part of the dental program and do not appear in the total. Inclusion of the cost of dental supplies and equipment would undoubtedly cause a considerable increase in the total amount of funds budgeted for dental activities.

An additional sum amounting to more than $25,000 was budgeted for postgraduate dental education. This provided intramural and extramural courses for both full-time and part-time staff and for practicing dentists. These educational programs ranged from lectures and short refresher courses to the more formal type of courses in pedodontia and public-health dentistry.

Some will think that dental-health education should continue to receive the major emphasis in many State programs on the ground that it has been most effective in awakening people to the need of dental care and finally causing them to seek corrective services. Others will champion corrective care, since the incidence of dental caries has not materially decreased, even though more people have faithfully brushed their teeth twice a day, eaten foods rich in minerals and vitamins, and gone to see their dentist twice a year—when one was available and they had sufficient means to pay for the professional services. My own vote is cast for corrective care.

In urging the adoption by the States of a more aggressive program of corrective dental care for expectant mothers and for children, I do not oppose dental-health education. Corrective care should be closely integrated with health education, since dental health is a complement to general physical fitness. A great opportunity for dental-health education falls within the sphere of activity of the practicing dentist either in his private office or in the clinic. In the dental chair the victim of dental caries is in a position to feel the results of past neglect of his teeth and should be most receptive to remarks on oral hygiene. (And the operator, with a well-rehearsed dental-health lecture, relieves the patient of that fearsome dread of having to answer questions while his mouth is full of hands, dams, and instruments.)

Since the cause of dental caries has not been established, it is difficult to teach intelligently the means of avoiding its occurrence. Public-health authorities are not questioned when they

[1] Paper given October 28, 1942, at the Oral Health Group meeting, American Public Health Association, St. Louis, Mo.

[2] This represents total maternal and child-health budgets: Federal funds A and B, and State matching funds.

tell communities that a pure water supply, pasteurization of milk, and an adequate sewage-disposal system will materially reduce the incidence of many water and food-borne infectious diseases. It is estimated that if 75 percent of all susceptible individuals in an area are effectively immunized against a preventable contagious or infectious disease, there need be no fear of an epidemic from that disease. Such established facts give us material for well-founded health education. What causes tooth decay? When we have the answer to that question we shall be able to outline an effective dental-health-education program.

Reports for 51 States submitted to the Children's Bureau for the fiscal years ended June 30, 1940, 1941, and 1942 (see table), indicate the number of practicing dentists who received payment for specified services from State health agencies. For the fiscal year 1942, 143 dentists were paid for antepartum or postpartum clinic service in 12 States, 406 for infant or preschool conference service in 13 States, 227 for examination of school children in 11 States, and 378 for treatment of children in 14 States.

For the most part in States where public funds have provided corrective dental services, these services have been limited to school children. They should be equally available to prenatal patients and preschool children. That the States are coming to recognize the soundness of such a policy is evidenced by the fact that for the past 3 years State health agencies have provided dental corrective care for expectant mothers and preschool children in an increasing number of areas.

The evidence seems to warrant considering that the expectant mother is entitled to dental care. Many believe that pregnancy combined with low calcium intake may contribute toward tooth mortality in the mother and that the quality of the tooth structure of the child is determined during the period of intrauterine development. Therefore, dental care for the expectant mother not only may insure against excessive tooth mortality during this period, but by improving mouth hygiene may improve her general well-being. During this period when corrective care is so important, the dental clinician has an unprecedented opportunity to function as a health educator. Regardless of how distasteful milk may be to a mother, and even though vegetables and vitamins may appear to her far removed from the business of having a baby, the understanding dentist can contribute to her

TABLE 4.—*Number of local practicing dentists who received payment from State health agencies for specified services during the fiscal years ended June 30, 1940, 1941, and 1942*

State	Antepartum or postpartum clinic service			Infant or preschool conference service			Examination of school children			Treatment of children		
	1940	1941	1942	1940	1941	1942	1940	1941	1942	1940	1941	1942
United States	139	164	143	368	449	406	191	294	227	398	583	378
Alabama	1	15	9	21	15	9	1		1	22		
Alaska		2							11	16	20	11
Arizona		3			3							
Arkansas							16			16	2	
California	100	86	70	104	185	145	2			104	164	
Colorado			6						4		9	
Florida	15	19	15	3	14	26	1	30	36	15	30	
Georgia								22			22	
Idaho						2		1	3			
Illinois						51						51
Kansas	2			56	25	6	111	121	119	1		
Kentucky		2					3					
Maine			11	8	51	56		15	1		9	7
Maryland	4	9	9	7	3	9			22		3	5
Minnesota				9	23	5	29	32	3	19	20	2
Mississippi									4			
Missouri		(1)			(1)			(1)			(1)	
Montana									(2)			(2)
Nebraska	2	2	(3)			(3)			(3)			(3)
New Hampshire				7	8	7						7
New Mexico		5	7		5	1		5			5	
New York	8	4	3	13	10					13	10	35
North Dakota					1							
Oklahoma										24	57	26
Pennsylvania		3	3							36	85	109
Puerto Rico	7	12		7	13		7	13		7		
Rhode Island							1			8	14	15
South Carolina			5									
South Dakota				5	1	16	10	55	23			
Tennessee										117	124	84
Utah		2	3	43	70	54					9	15
Vermont				22	22	19	10					1
Washington			2									
West Virginia				63								

[1] Missouri was not participating during the calendar year 1941.
[2] Number not reported for Montana for 1942.
[3] Figures for Nebraska are not included for 1942.

knowledge of good nutrition and the physiology of growth and development.

State reports show that infant and preschool children as a group have received more corrective dental care than the expectant mothers' group, but that they have not received the same consideration as the school children. There seems to have been a general lack of interest on the part of the dental profession in children's dentistry as a specialty. Corrective dental care for a preschool child does not require so much special knowledge on the part of the operator as it does interest in the subject and ability to adjust his psychology to the work. Pedodontia is now rapidly developing as a special field within the dental profession, and with the availability of an increased number of dentists qualified to provide special services for children we expect to see an increasing proportion of public funds expended in services to this age group.

The fatalistic attitude of some in respect to the deciduous teeth is changing, but action for their preservation is still taken too late. To preserve these temporary teeth decay must be arrested before it has advanced so far that only the shell with its shallow root attachment remains. Some time between a child's second and third birthdays he should have learned to chew his food, and if he is to continue to eat solids his temporary teeth should remain functional. Are not an equal number of opposing tooth surfaces as important for the preschool child as for the men inducted into service under the Selective Service Act? If this is accepted as an essential to the health of the preschool child then corrective dental care must be made available until such time as the cause of dental caries has been established.

Also, during these early years we hope to influence the child in the development of good habits. The process of learning commences long before a child is enrolled in the public school. It is no longer considered safe public-health practice to delay smallpox vaccination and diphtheria immunization until the child is admitted to our public schools. Is it any more reasonable to postpone dental care until this time? The child-health conference is established to keep the well child well, to discover and correct early deviations from normal, and to teach the child, and those responsible for his health, the ways and means of preserving a sound body. These same objectives apply equally well to the maintenance of dental health in children of the same age group.

Many State health departments and departments of education have for years conducted annual physical examinations and dental inspections of school children. Through these examinations we have accumulated a great mass of statistical data which tell how many physical defects we may expect to find in school children of various age groups and how these defects are influenced by the geographical location of the child, his racial origin, the economic status of his family, and the availability of health services. The children are examined each year, the same defects are noted, and new ones added. A few may be corrected.

As one who has witnessed both physical examinations and dental inspections in schools in several States, I seriously question the educational value of this experience. Consider the position of the child who hears his physical defects recounted by the examiner for the benefit of the recording clerk, and incidentally for the ears of his classmates who have just preceded or will shortly follow through this "educational experience." Such "one a minute" inspections not only fail to accomplish anything of value, but are examples of our waste of manpower. Had the number of practicing dentists who were paid fees for dental inspections last year devoted the same amount of time to corrective care, we might not know the number of decayed, missing, or filled teeth for the children of a given area, but we would know that a certain number of children had learned that sound teeth are attainable and worth preserving.

Corrective dental service under the supervision of State health agencies, when provided at all, is available in relatively few areas within each State. However, the number of counties where corrective care is being provided increased from 1940 to 1942 for maternity patients, from 86 to 175; for preschool children, from 219 to 386; and for school children, from 415 to 633. This extension is additional proof that both the health agencies and the dental profession are accepting their responsibility.

Here again major emphasis is given to the school child. A more equitable distribution of services will no doubt be brought about by the establishment of additional full-time health units and an increase in the number of regularly conducted child-health conferences and prenatal clinics. State health agencies have had to overcome many prejudices in developing medical- and dental-care programs. Limitation of funds also has required many States to limit programs to small areas and to carefully selected groups.

The war will unquestionably bring about many revisions in State plans through loss of personnel as well as changed needs. Never has

there been greater need to evaluate existing programs, and to conserve manpower and resources.

We have not been able to demonstrate any appreciable improvement in the Nation's dental health between the World War draft and the Selective Service Act of 1940. Should we not reconsider our dental services, and other health services, as they are now administered and develop through cooperative planning and well-controlled research a coordinated public-health program that will guarantee to every child protection from preventable crippling conditions and corrective services for remediable defects so that he may be physically fit to meet his obligations to his home and his Nation?

Oliver Wendell Holmes' Centennial

An all-day conference on maternal and child health was held in New York on February 19, 1943, to mark the one-hundredth anniversary of Dr. Oliver Wendell Holmes' reading of his famous paper, "Contagiousness of Puerperal Fever," 17 years before Pasteur demonstrated the existence of germs. The conference was sponsored jointly by the New York Academy of Medicine, the Maternity Center Association, and other agencies.

Dr. Louis I. Dublin pointed out that recent increases in the birth rate in the United States reflect the rapid rise in marriages of young men before entering the armed forces and are concentrated among first and, to a lesser extent, second births in a family. He warned that continued participation in the war effort will inevitably result in materially lower birth rates, "perhaps to figures even lower than that of the minimum of 1933."

Speaking on Maternity and the Changing Family Scene, Hazel Corbin of the Maternity Center Association, said:

> We've got to get over this idea that being a housewife and mother is not an important task in life. * * *
>
> These mothers hold up the glorious traditions of America. They are striving against * * * difficult odds to make home an attractive place for their children, to make it a safe place, a place of security and happiness in which their children are growing up and to which they will want to bring their friends. There is no task more important than that today.
>
> You see it is financial pressure as well as the pressure of public opinion that forces many a mother with young children into industry, and when that occurs the very foundations of her family, the very foundations of her children's security—the things her husband is fighting for—are destroyed. Does anyone think that a mother can hold a full-time job in a war factory, under the pressure of more, more, more, faster, faster, faster, and properly care for her family at the same time?

Dr. Alan F. Guttmacher of Johns Hopkins Hospital and Medical School and the Sinai Hospital, Baltimore, reviewed the status of obstetric care in 1843 and developments since then and concluded with a 5-point program, in which the fifth point is to "extend the obstetric care so well begun by the Children's Bureau that in the ideal every pregnant woman will have available, if she desires it, the best care that medicine can offer, irrespective of pocketbook or social status."

BOOK NOTES

NUTRITION AND FOOD SUPPLY: THE WAR AND AFTER. *Annals of American Academy of Political and Social Science*, Vol. 225 (January 1943), pp. 1–221. $2 paper bound.

This first volume of the *Annals* to be devoted to food since 1917 may be considered the third milestone along the way of the national nutrition program. The first was Food and Life, the yearbook of the Department of Agriculture for 1939, and the second was the Proceedings of the National Nutrition Conference for Defense, held in 1941.

Under the editorship of John D. Black, professor of economics at Harvard University and member of the Food and Nutrition Board of the National Research Council, a large number of well-known workers in fields related to food and nutrition have contributed brief articles grouped under four main heads: Science and nutrition, Food supplies and public policy, Consumption and distribution, Production and processing.

As seems entirely fitting in a publication of the American Academy of Political and Social Science, the economic, social, and political aspects of food production, distribution, and consumption are dealt with in considerably more detail than are the physiological and public-health aspects of nutrition. However, the most highly specialized of workers in food and nutrition is likely to find that his interests have been recognized at least. As the editor makes clear in his introduction, the volume attempts merely to present enough of the manifold aspects of the subject to stimulate the reader to follow future developments.

It is inevitable that among nearly 50 contributors to the volume some should deal less adequately than others with the topics assigned. Some readers may challenge the cursory treatment on the part of public-health and social-welfare agencies in nutrition-education programs. It is likewise inevitable that some of the statements about Government programs should not apply to the present situation, even though a minimum of time seems to have elapsed between the writing of the articles and their publication. The major developments not covered in the volume are the appointment of a Food Administrator and the beginning of point rationing of certain foods.

On the whole, however, the volume is both comprehensive in its coverage and accurate and current in its detailed information. A good index adds greatly to its usefulness.

M. M. H.

When Children Leave School for Work at Fourteen or Fifteen

By Caroline E. Legg

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First Steps Under the Law

"Children under 16 years of age follow arrows and form line on the right. Applicants 16 years and over follow arrows and form line on the left." This is the wartime sign at the top of the stairs, third floor, of a downtown building where work permits are issued for Baltimore, Md., a city of about 1 million population and the center of a busy war production area. By 8:30 every morning the two lines begin to form, and frequently by 9 or 9:30 the long rows of chairs on both sides of the hall are filled and there is standing room only for the late comers. The halls are particularly crowded on Saturdays.

Most of the young folks are very patient, even though some of them have to wait a good part of the morning before receiving attention. Others are restless and exhibit their nervousness by lighting and throwing down cigarettes and in other ways.

At 9 o'clock the office door opens and someone steps out and says, "Those under 16 who have been here before, this way, please." The line breaks and one, two, or several boys and girls, some very small and shy, slip into the office to present the final necessary papers to acquire a work permit, maybe their first.

Before all required papers—which include proof of age, school record, and the employer's "promise of employment"—are in the hands of the work-permit office correctly made out and the doctor's examination has been made, some children have had to make several trips there. In fact, the majority of children fail to bring all the necessary papers with them on their first trip to the office.

The firm insistence of the issuing office on every detail of a carefully worked-out procedure may seem hard for some of the youngsters, especially if they have to travel many miles from their home and prospective job to get there. It is essential, however, that all regulations be carefully adhered to in these times of frenzied hiring, lest young workers be exploited by unthinking employers and lest the children in their eagerness for jobs falsify their ages. Boys and girls uninterested in school are too often lured away by what looks like newly gained freedom and big pay, only to find that the adult working world is quite different from the protected world of home and school and is full of very hard pricks for a beginner.

Counseling by competent vocational advisers in the schools presumably preceded most of these applications for work permits, especially for full-time jobs that would mean leaving school. Counselors and teachers have been unable to persuade some restless but promising boys and girls to remain in school even though they have made repeated attempts to meet individual needs by adjustment of curricula, or by transfer to another class when there appeared to be dissatisfaction with the school program. On the other hand, the counselor has had little opportunity to advise students who have left school suddenly because of unexpected offers of work.

At the work-permit office there is not time for extra questioning or giving of advice to applicants, because waiting lines are long and the staff is small. It is true that this office has been able to prevent many a pitfall for a young adventurer by carrying out its specific function of issuing permits strictly in accordance with the law, and by refusing them to many applicants who do not meet the requirements. Nevertheless, when a child reaches the age of 14 there is no legal reason in Maryland—as in many other States—why he cannot obtain a permit to leave school for full-time work if he has completed the prescribed elementary course (in Baltimore, the sixth grade), has passed his physical test, and has a definite promise of employment in a permitted occupation.[1]

With employers calling frantically for workers and offering wages never before known to beginners, and with appeals for labor contribution to the war effort reaching down into the

[1] Under the State child-labor law only a few specified hazardous occupations are closed to minors under 16; under the child-labor provisions of the Fair Labor Standards Act of 1938, however, all manufacturing, mining and processing occupations in establishments producing goods for shipment in interstate commerce are closed to them.

schools, it is no wonder that the boys and girls come here in unending procession, stopped temporarily only as the hands of the clock reach the closing hour each day. For late comers the only message is "the office is closed, come back tomorrow morning at 9 o'clock." They return, others come with them, and there begins another day of starting 14- and 15-year-olds on their working careers.

What the Workers Say of Their Experiences

What really happens, one may ask, to the boys and girls who have obtained their permits for full-time employment and have actually left school and gone to work? During a recent visit to this work-permit office, two representatives of the Children's Bureau talked with 11 boys and girls about their previous work history, their reasons for leaving school, and their plans and desires for the future. All these young people, except one 16-year-old girl, were 14 or 15 years of age.

Seven of the 11 children who had left school expressed great dislike for it and gave that as their principal reason for leaving. In 5 cases the loss of interest in school seemed to center around conditions following transfer from the elementary grades to a junior high or vocational school. In no case did there seem to be real financial need in the family that would justify taking the child out of school for work, although several boys and girls said they felt they ought to help their parents.

One 15-year-old boy, who had had six jobs since he left school in the seventh grade 10 months previously, stated with conviction that he did "not need any more school." He was now able to earn $14 a week as an errand boy for a stationery store and as soon as he was 16 he was sure his brother would get him a job in a glass factory where he would earn $20 to start and would work up to $28 in a short time. He seemed to think that thus he would be provided for for life.

Another boy of 15 stopped school to take a job as stock clerk in a department store. He liked school all right, but he was more interested in music, and the $15 a week would help pay for a saxophone that he had just bought on the installment plan. After 3 weeks he left this job for one where he could make $20 a week as stock boy in a 5- and 10-cent store. But things were not pleasant there with a boy only a little older than he as supervisor, so after consulting the school placement office, he took a job as messenger in a hospital, where the pay was less but where he felt he was "learning something." The school advisers are trying to get this boy to take up commercial work at night school, because he had been doing well in business courses when he left day school.

One girl left school in the spring when she was 15 because she "didn't have time to practice typing," which she "loved," in school hours. She intended to take a job as salesgirl in a 5- and 10-cent store, but when the manager saw from her permit that she was under 16, she was not hired. For several months "watching children" was the only job she had, and that was intermittent. The girl's parents wanted her to return to school in the fall, but she was now 16 and could get the job that she had long wanted in the 5- and 10-cent store, so she took that instead. This girl still hopes to get a job as a typist sometime. However, she is unwilling to return to school or even to go to night school to fit herself for such a position.

All the boys and girls interviewed had had more than one job; some had had several during the few months they had been out of school. Uncertainty, emotional instability, and physical and mental immaturity were marked characteristics of these young workers. They did not know what to expect in the working world or how to get along with their employers and coworkers. If conditions did not suit them in one job, the thing to do, it would seem, was to find another, and since finding jobs in these times is comparatively easy they were quite independent in taking leave of the job they did not like.

What the Records Show

In order to obtain a close-up view of the kinds of jobs 14- and 15-year-old boys and girls are leaving school to enter as full-time workers, a study was made of the first general permits issued to young persons of these ages in Baltimore during September, October, and November 1942. It was found that 683 such permits had been issued, 482 to boys and 201 to girls. This number does not include many girls given permits by the school authorities to remain home for domestic work; neither does it include a considerable number of special permits granted during the same period to children mentally incapable of profiting by further school attendance. These 683 holders of first general permits are just typical 14- and 15-year-old boys and girls who have been drawn into the stream of wage earners at a time when jobs come easy.

Age and Color.

One-fourth (168) of these 683 young people were still only 14 years of age. The boys were slightly younger on the whole than the girls, 26 percent of the boys and 21 percent of the girls being only 14.

Included in the group were 36 Negroes, 35 boys and 1 girl. This number comprised only 5 percent of all permit-holders, although Negroes constitute more than one-fourth of the total public-school enrollment in this city. The types of occupations which are becoming increasingly available to young white workers are probably partly responsible for the preponderance of white over Negro children in the number of permits issued during the period covered by this study.

Occupation and Industry.

Retail stores furnished the first full-time employment to 38 percent of the 683 workers—58 percent of the girls and 30 percent of the boys. Department stores employed the largest number. Next came 5- and 10-cent stores and then grocery stores and markets. These 3 kinds of stores together hired as salespersons, stock boys and girls, office clerks and kindred inside helpers 30 percent of all these new workers.

Boys' occupations.—The most common occupations of boys who did inside work in stores were those of salesperson and stand tender in grocery stores and markets, stock boy and general helper in both department stores and grocery stores, and stock clerk in department stores. Scattering numbers were employed at these occupations in various other retail stores.

One hundred and thirty-one of the 482 boys, slightly more than one-fourth, obtained jobs as delivery and errand boys or outside messengers; of this number 63 worked for telegraph companies, 43 for retail stores, and 25 for various other establishments. Twenty-seven boys were helpers on delivery trucks for ice companies, bakeries, laundries, and so on. Four boys were news sellers and 4 were hucksters. Altogether 166 boys, one-third of the total, chose a job that would take them out on the city streets.

The next largest number of boys were employed as learners or helpers in building or other skilled trades. Among the 50 thus employed 14 were working for plumbers and 6 for carpenters or other woodworkers; 7 were listed as "apprentices" in the optical industry; and 7 were technicians or helpers in dental and medical laboratories.

Twenty-four boys found jobs as bakers' helpers; 21 became clerks or office boys for various business firms (other than stores); 20 found work in hospitals as inside messengers, porters, orderlies, and cleaners; 18 became automobile service workers, either as filling-station attendants or as mechanic's helpers in garages and repair shops; 15 took jobs in food-serving industries as waiters, bus or counter boys in restaurants, or "soda jerkers" in drug stores. Most of the 25 remaining boys worked in laundries, in small factories, or in dairies. Three worked as tool boys in a defense training school of the city department of education.

Girls' occupations.—Girls' jobs, as previously stated, were principally in retail trade. Of the 116 girls employed in stores, 73 were salesgirls, most of them being in 5- and 10-cent stores; 26 were wrappers, stock girls, and inspectors in department stores, and 5 were stock girls or helpers in other stores. Only 12 girls had clerical positions in stores.

With the exception of 12 girls who took clerical jobs in business offices and 4 who became telegraph messengers, most of the remaining 69 girls found work in various kinds of service industries—30 in restaurants and drug stores as waitresses and "soda jerkers"; 17 in hospitals, chiefly as waitresses, food servers, and maids; 13 in laundries as markers, sorters, shakers, and folders; one as a learner in a beauty parlor, and one as a nursery-school attendant. Five girls found jobs in food-manufacturing industries, one as helper to a photographer, and one reweaving damaged clothing.

Hours of Work.

No child was supposed to get a work permit unless the hours on the prospective employer's "promise of employment" card conformed to the provisions of the State child-labor law, which prescribes 8 hours as a maximum work day and 48 hours as a maximum work week for children under 16. There was no way, for purposes of this study, to ascertain whether the employers actually demanded more or less time from the workers, but it is probably safe to assume that the hours given on the "promise of employment" ticket were generally the minimum required of the child worker.

Thirty-eight percent (253) of the 665 jobs for which prospective work hours were given called for a 48-hour week. One-third of all jobs (33 percent) called for a work week of 42 to (but not including) 48 hours, and somewhat less than one-third (29 percent) for a work-week of less than 42 hours.

All but 9 of the 67 telegraph messengers were hired for a full 48-hour week. A large percentage of sales persons in retail stores, particularly girls in 5- and 10-cent stores and boys in grocery stores and markets, also were hired for a 48-hour week. Some restaurant and hospital workers, also some delivery boys, filling-station attendants, helpers to automobile mechanics, and other workers in skilled trades had a 48-hour week.

Among the workers whose total weekly hours were less than 38, were 9 persons engaged in some form of food-serving in tearooms of department stores, in drug stores, and in other lunch places having a large noontime patronage; 13 store workers, 8 delivery and errand boys, 7 bakery helpers, and 5 helpers or learners in skilled trades.

Rates of Pay.

The wage at which each permit holder was to be hired was shown on most of the employers'

"promises of employment." Cash wage rates on a weekly basis were known or computed for 421 boys and 159 girls.

The median rate of pay was $14.68 per week for the boys, and $13.98 for the girls. The wage rates for boys covered a wider range than for girls, 75 percent of the girls' wages and 62 percent of the boys' wages being between $12 and $16 a week. Eighteen percent of the girls and 15 percent of the boys were to be paid less than $12 a week. On the other hand only 7 percent of the girls, as compared with 23 percent of the boys, were to receive $16 or more.

A comparison of wage rates for occupations in which both boys and girls were engaged showed a consistently higher wage rate for boys than for girls. The median weekly wage for boys in store work was $14.98; for girls, $14.16. Wages in restaurants were on the whole higher for boys than for girls, although 6 of the 11 positions in which girls were paid $16 or more a week were in restaurants.

Twenty-four boys received $20 or more a week in the following industries: automobile-service industry, building or other skilled trades as learners or helpers, stores, bakeries, and dairy plants.

"*Shifting.*"

One of the most striking facts brought out by this study was the great amount of shifting from job to job done in the space of 2 or 3 months, or even in a few weeks in some cases. A partial picture of this problem as related to these youngest entrants into industry was obtained in December at the end of the 3-month study, by examination of some of the permits reissued by the work-permit office during this time, and all permits returned by employers of children who had quit their jobs. Among them were found the names of many children who had entered upon their first full-time jobs since the first of September, that is, the children comprising the study group. If, later, a complete rechecking had been made on all cases, so as to ascertain all changes made by each child within a specified period, such as 3 months after receiving his first work permit, the results would doubtless have been still more revealing. As it was, the facts uncovered by this partial check-up are worth noting:

At least 136 children of the 683 in the group studied had within 3 months quit the job for which they had left school—20 percent of the total.

At least 101 of these 136 children tried one or more later jobs—15 percent of the total group studied. Ten children had started their third job and 4, their fourth job.

Twenty-two of these 101 children were known to have left the last job for which they were certified, which may have been their second, third, or fourth, and were looking for new jobs, if they were not already secretly working at them without proper certification, as was found to be true in some cases.

The 4 children who were known to have tried 4 jobs apiece did so within 2 months' time, one having had 3 within 1 week.

The figures presented in this study, especially those on shifting from job to job, raise some questions regarding the economic value of these very young workers to industry, even in an area suffering from a wartime labor shortage. Furthermore, they give strong support to the belief that full-time work at 14 and 15 years of age may be very detrimental to the emotional and mental development of adolescent young persons and harmful to their future working careers.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington, D. C.

BOOK NOTES

FARM AIDES—A GUIDE FOR GROUP LEADERS. Prepared jointly by Camp Fire Girls, Girl Reserve Staff, National Board, Y. W. C. A., Girl Scouts. Womans Press, New York, 1943, 46 pp. 25 cents.

This booklet, designed for use in training group leaders to supervise girls in emergency farm work, gives many practical suggestions on how to prepare and direct the work of groups of high-school girls interested in helping with wartime food production. It suggests methods of group supervision and camp management; it indicates how benefits from farm work and camp experience can be obtained for the girls; and it outlines the kinds of jobs in which girls can be useful on the farm and in the farm home. The booklet will be helpful to any community group preparing to establish a farm labor program for young people, to farmers who are employing youth, and to the young workers themselves, as well as for training group leaders.

Standards of work conditions, minimum age, safety and insurance measures, safe transportation, supervision, and living conditions, and the recommendations for community organization to plan agricultural programs follow Guides to Successful Employment of Non-Farm Youth in Wartime Agriculture, published by the Children's Bureau. A list of available resources is included, which points out types of persons, organizations, and publications that can be useful to groups planning programs.

Chile

The Government bureaus in Chile heretofore engaged in maternal and child-welfare services have been recently combined in one new agency, the Dirección General de Protección a la Infancia y Adolescencia. The new bureau will be under the direction of Dr. Guillermo Morales Beltramí, technical delegate of Chile to the American International Institute for the Protection of Childhood, and will be concerned not only with problems of health but also with those of dependency, neglect, and delinquency. The bureau will supervise the work of maternal and child-health centers, maternity homes, agencies for preventive and medical care, dental clinics, children's hospitals, behavior clinics, institutions for dependent and problem children, and others. It will consist of the following technical divisions: Eugenics and maternal care, normal children, children in need of special care, social-welfare and foster-home placement, and dental care.

The Presidential decree establishing the bureau provides that funds for its maintenance be included in the budget law.

Boletín del Instituto Internacional Americano de Protección a la Infancia, Montevideo, January 1943.

Dominican Republic

The First Congress of Women of the Dominican Republic, recently held in that country, made several recommendations for the improvement of child-welfare work:

1. Provision by the Government of the necessary funds for the Board of Maternal and Child Welfare (Junta de Proteccion a la Maternidad y a la Infancia), national official agency established in 1941;
2. Inclusion of courses in child care in the programs of rural schools and teachers' normal schools.
3. Establishment of maternal and child-health centers (centros de higiene maternal e infantil);
4. Organization of a campaign in favor of premarital health certificates;
5. Establishment of a National Council of Social Welfare, a school of social service, a corps of visiting teachers (maestras visitadoras), and a system of dining halls where meals would be served at nominal cost.

The Congress also decided to present to the Government a bill requiring employers to give their women employees a rest with pay for 30 days before childbirth and 30 days afterward. The need was brought out for day nurseries for children under 7 years of age whose mothers are employed. It was also pointed out that measures should be taken by social workers to bring about the marriage of couples living in free union and the consequent legitimation of their previously born children.

Bureau correspondence.

Uruguay

The Government of Uruguay has announced the appointment of Dr. Julio A. Bauzá, for many years director of the Infancy Division of the Council of the Child, as President of the Council, succeeding Dr. Roberto Berro, who resigned in February after his election to the Senate.

Dr. Bauzá is internationally known, having represented Urnguay as a delegate to the Fifth Pan American Child Congress held in Habana, Cuba, in 1927, and at the League of Nations in 1934.

For the last 10 years Dr. Bauzá has held the chair of puericulture in the Faculty of Medicine of Montevideo.

Dr. Bauzá has announced that he plans to extend the work of the Council of the Child to the rural areas of Uruguay in which special need now exists as a result of the recent severe drought and in which the approach of winter will create great hardship.

Bureau correspondence.

• EVENTS OF CURRENT INTEREST •

Death of Dr. Winslow

Dr. Emma A. Winslow, who was formerly in charge of the social-statistics work of the Children's Bureau, died suddenly on April 9, 1943, en route to her home in Riverside, Conn. Since August 1941 Dr. Winslow had been with the United Service Organizations as Director of the Division of Records and Reporting.

Dr. Winslow held the degrees of B. S. and M. A. from Columbia University and the degree of Ph. D. from the University of London. Her activity as a research specialist and statistician and her outstanding contribution to the field of social statistics in its pioneer days will long be remembered. She was a member of the American Association of Social Workers, the American Statistical Association, the American Sociological Society, the American Public Welfare Association, and the American Association of University Women.

Conference Calendar

May 4–6	National League of Women Voters, General Council. Washington.
May 8	Play Schools Association. Conference on Out-of-School Plans for School-Age Children, Hotel Pennsylvania, New York.
May 10–13	American Psychiatric Association, Detroit.
May 12–15	American Association of Mental Deficiency, New York.
May 24–28	National Conference of Social Work. Cleveland regional meeting.
June 28–29	National Education Association of the United States. Business meeting of the Representative Assembly, Indianapolis.

New Children's Bureau Publications

White House Conference on Children in a Democracy, Washington, D. C., January 18–20, 1940: Final Report. Children's Bureau Publication 272. Washington, 1942. 392 pp. 65 cents from the Superintendent of Documents.

In this Final Report, the Report Committee of the White House Conference on Children in a Democracy presents a comprehensive and unified picture of American democracy as it is related to children, including a review of the nature and characteristics of the American scene within which services for children are conducted, of children's diverse needs and proposals for meeting them, and of conditions under which they were living in 1940. Much more information is given about many phases of child life than it was possible to give in previous reports by the White House Conference on Children in a Democracy, and the philosophy of the report and its proposals are fully applicable to the war and post-war periods.

Homer Folks states in the foreword, "The fundamental needs of children change but little in war or in peace, and in war each child is, in an even more vital sense, an invaluable asset of the Nation. Therefore the need is even greater, in such crucial periods, to give increased attention to the welfare of the Nation's children, to conserve the gains already made, and to extend to all the care and protection they need."

Part I sketches the general background for the studies of the special problems that are dealt with in parts II and III, where the bulk of facts and findings relating to the well-being of children and their families are presented. Part IV gives in detail the recommendations of the Conference.

Facts About Crippled Children, 1943. Publication 293. Washington, 1943. 14 pp.

Issued in printed form for the first time, this leaflet in its 1943 edition contains general information on the number of crippled children listed on State registers and on the various causes of crippling; reviews the progress made by public agencies in providing care and treatment services; and describes briefly the program of services for crippled children financed cooperatively by Federal, State, and local governments under the Social Security Act.

Under the social-security program are discussed the services included in a State program, the amount of Federal grants to States, and the procedures to be followed in referring a child for care. References are also made to provisions for education and for vocational training of crippled children, measures for preventing crippling, and ways in which public and private agencies cooperate.

State Programs for Care of Children With Rheumatic Fever. Washington, 1943. 5 pp.

The development of State programs for children with rheumatic fever under title V, part 2, of the Social Security Act and the operation of a typical State program are described in this leaflet.

HOW DOES YOUR COMMUNITY RATE

as a provider of services for children in wartime?

Is it doing a first-class, fair, or only poor job of keeping its children safe, strong, and assured throughout these war days?

The Children's Bureau is calling on all communities to guarantee to their children at least this much protection—

1. **A well-baby clinic (child-health conference).**
2. **Care for children of employed mothers.**
3. **School lunches in every school.**
4. **Schooling for every child.**
5. **Play and recreation programs.**
6. **Employment safeguards for every boy and girl.**

COMMUNITY ACTION FOR CHILDREN IN WARTIME spells out in 10 brief pages the minimum essentials for these six safeguards. The leaflet was prepared at the suggestion of the Children's Bureau Commission on Children in Wartime for the use of community leaders and especially for local defense council committees concerned with children.

In writing to the Children's Bureau for one copy or more, ask for Publication 295.

Child-Health Conference Pictured in New Film

A new motion-picture film, the Child-Health Conference, is available on loan from the Childrens' Bureau. The film shows the organization and activities of a child-health conference and something of the planning behind it. It is designed primarily for the use of physicians and public-health nurses but is also suitable for community groups interested in the organization of a child-health conference. It can also be used in training courses for volunteers in child care, to demonstrate the functioning of a child-health conference and the role of the volunteer worker in the conference.

The film was produced by the Maryland State Department of Health with the cooperation of the Children's Bureau through the American Film Center and the Associated Film Makers. It is a 16 mm. film in black and white, equipped with sound track. The showing time is about 30 minutes.

The Children's Bureau has several prints of the film which may be borrowed by agencies or individuals on condition that the user pay transportation costs, display the film only where no admission is charged, and return it promptly to the Children's Bureau.

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the need of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Communications and requests to be placed on the free official mailing list should be addressed to Miriam Keeler, editor, The Child, Children's Bureau, U. S. Department of Labor, Washington, D. C.

The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

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UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

U. S. SUPERINTENDENT OF DOCUMENTS

JUN 18 1943

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

• YOUNG WORKERS IN WARTIME •

School Youth and Their Jobs

By Golda Stander

Industrial Division, U. S. Children's Bureau

Pressure for workers, the attraction of the pay envelope, the feeling on the part of many school youth that through employment they can best share in the war effort, added to the lack of realization of the importance and value of education for future war service and adult citizenship—these are among the reasons why school enrollments are decreasing as thousands of children leave school to enter the labor market. In addition, thousands of youth attending school are undertaking part-time work. Not only are students 16 years of age and over employed, but many school children 14 and 15 years old and even younger are working.

Under wartime conditions, in areas where there is a genuine need for labor that cannot be met in any other way, there may be justification for more extensive part-time employment of school youth than in normal times. In facing the possibility of need for youth power to help meet wartime manpower shortages, the War Manpower Commission states that in most cases youth under 18 can best contribute to the war program by continuing in school and, when their services are required, accepting vacation and part-time employment. Such a policy, however, is predicated on the assumption that the need for the labor of these school youth be certified by the proper official authority; that no one under 14 years of age be employed; that the work be suited to their age, strength, and abilities; that the hours of work be reasonable in view of their physical and educational needs; and that proper safeguards be maintained for their educational progress.

Reports received by the Bureau from many sources indicate, however, that although the flooding of school children into the employment market is most noticeable in areas of acute labor shortage, it is also characteristic of many other localities where available adult labor has not been fully utilized. It is distressingly evident, moreover, that for the most part the work of school youth is uncontrolled and unregulated and is carried on under conditions detrimental to the health, education, and general welfare of the young workers.

For many of these students the combined hours of school and work are far in excess of the number commonly accepted as optimum working hours for adults. In fact, the hours of work are frequently so long as to make the term "part-time employment" a misnomer. Night work among student workers is often the rule rather than the exception. This is a matter of grave concern not only because of its adverse effect upon the education of school youth but also because employment at night, particularly in unsuitable occupations, may be a factor in the current rise in juvenile delinquency.

School principals, teachers, and counselors complain that employed school children are so tired and sleepy that many fail to attend school regularly and those who do attend fall asleep over their lessons, with the result that their school progress is being seriously retarded. Moreover, failure to keep up with their school work is causing many to become discouraged and drop out of school.

These developments have not gone on without concern on the part of groups interested in child welfare. In an attempt to understand and cope with the problem, local surveys have been made by the Children's Bureau, by State labor departments, by school authorities, and by private agencies, such as the National Child Labor Committee. In many areas there has been a growing movement on the part of school authorities to adjust or shorten school programs in an effort to meet the need for labor, combat uncontrolled and unregulated hours of work, and keep children from leaving school entirely. The findings of some of these surveys and the types of adjustment of school programs now being tried out are summarized in the following pages.

Extent of Employment.

Although complete figures on the extent of employment of school youth are not available, reports received from various parts of the country show that in many high schools from one-third to more than one-half of the students are working. For example, in Providence, R. I.,

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approximately 40 percent of the students enrolled in the four senior high schools reported having jobs. In Connecticut a survey conducted in nine junior and senior high schools in four cities showed that in addition to the children employed in street trades and domestic service, more than one-fourth of the students (4,748 out of 17,295) were working outside of school hours. A sample survey of three high schools in a large midwestern city revealed that from 31 to 42 percent of the boys and girls were employed. In one of these schools, a large technical school for boys, 92 percent of the students in the senior grade had jobs.

In one school in Pennsylvania 68 percent of the students 16 years of age and over were reported to be working, and in another school in that State over 60 percent of the students from the eighth to the twelfth grade had jobs.

Of the 10,213 students who responded to a questionnaire circulated in all the high schools in Seattle, Wash., one-half (5,108) were working part time. Roughly, 60 percent of the boys and 40 percent of the girls had part-time jobs for pay.

A questionnaire survey on the part-time work of students enrolled in the secondary schools in Baltimore, Md., conducted by the Children's Bureau in cooperation with the local school authorities, showed that 10,488 (34 percent) of 30,687 students for whom questionnaires were returned were part-time workers. One-fourth of the students enrolled in junior high schools, more than two-fifths of those in senior high schools, and one-half of those enrolled in vocational high schools were working outside of school hours.

Age and Occupations.

Increasing numbers of younger school children as well as older students are working, many of them in violation of State and Federal child-labor laws. In Baltimore the ages of the 10,488 working children enrolled in the junior and senior high schools ranged from 11 years up; 5,537 (53 percent) were under 16, and 1,743 (17 percent) were under 14 years of age. Although specific information on extent of illegal employment is not available as yet, a preliminary review of the questionnaires returned shows that many children were employed contrary to the State child-labor law.[1]

In the Connecticut schools surveyed, also, the ages of working students ranged from 11 years up. One thousand and three children, or more than one-fifth of those who reported employment in occupations other than in domestic service or street trades, were under 16 years of age and were working in occupations barred to them by the State law. In the Seattle high schools, the ages of the 5,108 working students were from 13 years up; 27 percent were under 16 years of age.

While boys and girls 16 years of age and over are, more and more, entering part-time employment in manufacturing occupations, many of them in war production plants, the majority of students are employed in retail trade and in service industries. Boy students are employed as messengers, delivery boys, stock boys and sales clerks in retail stores, ushers in theaters, pin boys in bowling alleys, bus boys, waiters, soda jerkers, helpers in garages and filling stations, newsboys, and bootblacks. Girl students are employed mainly as sales clerks in retail stores, as domestic-service workers and nursemaids, as waitresses, and as office workers.

In war production plants students 16 years of age and over are working on the assembly line making airplanes, machine tools, rubber sundries, electrical appliances, and various other products. The trend toward part-time employment of older students in manufacturing occupations has been accompanied, unfortunately, by increasing employment of school children under 16 in such occupations contrary to the child-labor provisions of the Fair Labor Standards Act.

Recent inspections made by the Children's Bureau on the basis of complaints received from parents and other interested persons that school children were working long hours and at night revealed flagrant violations in plants located in four States. In a plant engaged in reclaiming steel shipping containers, school children under 16 were found working from 5 to 9 p. m. on 5 days a week and sometimes on Saturdays in occupations such as rolling barrels out of the spray-painting machine, taking lids off cans, and so forth. Boys 14 and 15 years of age were also found working in a mattress factory. They claimed they worked from about 4 to 7:30 p. m., although the complainant, a parent, had stated that school children were employed until 10 o'clock and later. One boy, who was seen working by the inspector during school hours, had been reported to be absent from school because of illness.

Hours and Night Work.

All surveys on part-time work show that many students are employed at unsuitable jobs and are working excessive hours, often far into the night. In Connecticut children were found working 6 and 7 days a week; 40, 50, and 60

[1] A detailed report of the findings of the questionnaire survey conducted in Baltimore by the Children's Bureau in cooperation with the local school authorities is in preparation.

hours a week; and long after midnight. Boys as young as 11 years were working as pin setters in bowling alleys until 1 o'clock in the morning. Boys 16 and 17 worked the "graveyard shift" in factories, and girls 16 years of age worked from 3 to 11 p. m. after they had finished school for the day.

In a midwestern high school where 2,046 boys were employed outside school hours, 257 boys reported working at their jobs 40 hours or more per week, 125 were working 35 to 40 hours per week, and 96 were working 30 to 35 hours per week in addition to carrying their school programs.

The Seattle survey separated hours worked on Monday through Friday from hours worked on the week end. For almost one-fifth of the students, total weekly hours for work on school days ranged from 21 to more than 40 hours. In addition, many of the students worked on Saturday or Sunday, or both.

In a small high school in Pennsylvania, a survey of the part-time work of students was undertaken to estimate the changes in home and community life resulting from war conditions that confront the school with new problems. Among other findings, the survey showed that 40 percent of the employed students were working more than 20 hours a week. The average hours for the students in the twelfth grade were 32 per week, while the average hours for students in the tenth and eleventh grades exceeded 25 per week. Thirty-four percent of the working students reported that they had less than 8 hours' sleep a night. The director of the school guidance and placement department in a large city in another State reported that many children were working so late that they got only 3 or 4 hours' sleep at night. One 15-year-old boy was found sleeping in school. The teacher learned on inquiry that he had been working until 3 a. m. in a bowling alley. When this was reported to the attendance department and to the police and the situation was investigated, 50 children were found working until early morning hours in bowling alleys.

The reports by 1,607 employed students under 18 years of age who were enrolled in three Baltimore schools showed similar working conditions. Almost one-fifth worked 6 days a week and more than one-tenth worked 7 days, although 1 day of rest a week is the generally accepted standard, even for adult workers. Baltimore students spend 5½ hours a day and 27½ hours a week in school, yet even on school days hours of work on their jobs ran as high as 9 hours or more a day and as high as 48 hours or more a week, and night work extended to midnight or later.

It is worth while to analyze the hours of work of these 1,607 Baltimore students in terms of standards suggested for part-time employment during the war emergency, bearing in mind that these standards of hours of work represent maximum hours. For many individual students, shorter hours of work would probably be advisable if they are to carry the combined school and work program without detriment to their job, their school work, or themselves.

A limit of 3 hours of work on any school day has been advocated for children 14 or 15 years of age, and 4 hours for minors aged 16 or 17. Forty-eight percent of the 14- and 15-year-old children in the Baltimore survey worked more than 3 hours on 1 or more school days a week, 28 percent on 3 or more school days, and 14 percent on 5 school days. The same story of excessive hours of work on school days was found for students of 16 and 17. Fifty-six percent of these older students worked more than 4 hours on 1 or more school days, 26 percent on 3 or more school days, and 6 percent on 5 school days.

Not more than 18 hours of work a week has been advocated for students 14 or 15 years of age and not more than 28 hours for students 16 or 17 years of age. It was found in Baltimore that 34 percent of those aged 14 or 15 years and 14 percent of those aged 16 or 17 exceeded these limits.

So far as night work is concerned it is suggested that no work after 7 p. m. be undertaken by children 14 or 15 years of age and no work after 10 p. m. by students 16 or 17 years of age. Even on school days 53 percent of the Baltimore students 14 or 15 years of age did not stop work until after 7 p. m., and 15 percent of those 16 or 17 years worked after 10 p. m. on 1 school day or more. These late hours of work were not confined to the older students, for an even greater proportion of the students 14 and 15 (18 percent) than of those 16 and 17 years of age also worked after 10 p. m. Even the children under 14, many of whom were working in violation of the minimum-age provision of the Maryland child-labor law, were working long hours and at night; 24 percent worked more than 3 hours a day on 1 or more school days, and 11 percent worked more than 18 hours per week. Forty-one percent of these very young children did not stop work on school days until after 7 p. m.; 12 percent did not stop work until after 10 o'clock at night, and some worked until midnight or later.

Illustrative of heavy work schedules carried by Baltimore school children under 14 are the hours of work reported by two children who were working in violation of the child-labor law:

Helen, who is 13, works in a lunch room 7 days a week serving lunches and making coffee. She works 5 hours on school days, ending work between 8:30 and 9:30 p. m., except on Fridays when she works 1½ hours and finishes at 7:30. On Saturdays she works from 10:30 a. m. to 5:30 p. m.; on Sundays from 9:30 a. m. to 4:30 p. m. Excluding time out for meals, she works 28½ hours a week. Combined hours of school and work for this child totaled 56 a week.

Frank, aged 12, has been working for 8 months as a pin boy in a bowling alley. His hours on school days and Sundays range from 4:30 or 5 p. m. to 11 p. m. or midnight. On Saturdays he works all afternoon and evening to midnight. Frank works 37½ hours a week in addition to carrying a full school program.

In the 14- and 15-year-old group are Alfred and Jim, whose hours of work violated the night-work law:

Alfred, a 14-year-old, is another of the many young boys employed as pin setters in bowling alleys. He works every day in the week. On week-ends he starts work in the late afternoon and works until 11:30 or 12. On 4 school days he works from 4 to 5 in the afternoon until midnight (1 night until 1 a. m.). On the fifth school day Alfred's working hours are from 6 to 10 p. m.—which gives this 14-year-old boy a chance to get to bed before 1 or 2 a. m. once a week!

Jim, who is 15, is employed 6 days and 48 hours a week as a bus boy in a cafeteria, working from 4:30 p. m. to 1 a. m. His combined hours of school and work reach the grand total of 75½ hours per week.

Hours of work so long as to place an unduly heavy burden on their health and their opportunities for study and recreation were reported by many of the older students. Among them are Tony and John, both 16 years of age. One of the boys has a job as a grocery clerk and the other has a job as an usher in a motion-picture theater:

Tony's duties in the grocery require him to work both before and after school on 3 school days. He works from 5:30 to 8 a. m. and from 5 to 9 p. m. On Saturdays he works from 5:30 a. m. to midnight with only 2 hours out for meals. Tony's combined work and school hours total 63½ per week.

John works 42½ hours a week as an usher in addition to spending 27½ hours in school. His working hours are from 4 to 10 or 11 p. m. on 4 school days and from 1 to 11 p. m. on Saturdays and Sundays.

Adjustment of School Programs.

For the most part employed students work before or after school and on Saturdays or Sundays or both with no shortening of the usual school hours. In some communities industrial plants, sometimes in cooperation with the school authorities, have started regular 4-hour shifts after school hours for students 16 years of age and over. Depending on the closing hour of school these shifts usually run from 3 or 4 to 7 or 8 o'clock in the evening. Although 4 hours of work, of itself, may not be unduly excessive for students 16 years of age and over, it should be pointed out that the school day usually begins between 8:30 and 9:30 in the morning, so that students carrying a full school program frequently have a span of school and work plus travel time that covers an 11- or 12-hour period, in most instances unrelieved by opportunity for recreation or for a hot meal.

More and more, however, school authorities in cooperation with the community are developing programs whereby boys and girls attend school for fewer hours in order to carry a part-time employment schedule. Typical is an arrangement for 4 hours of school and 4 hours of work. In some places this may involve a two-shift school system with part of the students attending 4 hours in the morning and part attending 4 hours in the afternoon. It may also involve releasing special classes from morning or afternoon sessions. In some instances under the 4–4 plan two students may handle one job, one student attending school in the morning and working at the job in the afternoon and the other student attending school in the afternoon and working in the morning.

Under other types of adjusted school programs, students are permitted to spend alternating periods of one or more days or weeks at school and at work. In still other instances individual students are released for certain hours during the school day or are permitted to skip one or two class periods at the end of the day, or to carry only two or three subjects depending on the number of hours they are employed.

A plan developed in one State, Wisconsin, by the department of public instruction and the industrial commission offers several alternatives for the division of a high-school student's time between school and work, including the 4–4 plan with two students sharing one job, the 4-hour shift after school hours, and a school program whereby the number of subjects carried is adjusted to the number of hours worked on the job.

It is clear that, as the need for workers increases, more schools may feel it necessary to adjust their school programs, particularly for students 16 years of age and over, partly with the idea of making more of the students' time available for work and partly to encourage boys and girls to continue with their school work rather than drop out of school. In general, the tendency has been to make that type of adjustment which will permit students to work for a portion of each day. It appears from reports received by the Bureau that this plan is preferred to that involving alternating periods of school and work. Under the latter plan it is considered much more difficult to maintain the interest of young people in their school work. There seems to be greater strain on the students,

and they are more likely to leave school entirely.

Carefully worked out adjustments of school programs for the older students may in many instances help to serve the needs of the individual boys and girls and make available a greater proportion of their time to serve vital labor needs where other workers are not available. Shortening school hours, however, will not safeguard these young workers against overstrain and excessive distraction from school work unless hours of work are also limited and conditions of work controlled. This involves careful planning of hours of work in relation to the school schedule, the home study required, and time spent in transportation.

Action Needed.

The War Manpower Commission in its statement of "Policy on Employment of Youth Under 18 Years of Age," issued in January 1943,[2] has outlined in general terms the circumstances under which school youth should be employed, if they must be employed, and has recommended general standards for their employment. This statement, while a step in the right direction, is but a first step.

Standards for employment of student workers must be amplified, particularly in relation to combined hours of school and work. Above all, they must be implemented by machinery that will put them into active use. To plan and control a program to permit the utilization of the services of school youth where needed, without detriment to their health, schooling, and well-being, requires the concerted efforts of government agencies, schools, parents, employers, and labor and community groups. It requires coordinated thought and action by the schools, especially through guidance and counseling services and the placement service, and its success rests on observance of school-attendance laws, labor laws, and employment-certification procedures. For development of effective programs it is essential that there be a public opinion which supports the national view as expressed by the War Manpower Commission, that the first obligation of youth even in wartime is to take full advantage of their educational opportunities in order to prepare for war and post-war services and for the duties of citizenship.

The urgent need for community action has been voiced by all who realize the impact of the war emergency on the school youth of the Nation, including the President, who in his May Day proclamation said, "I call upon the people in each of our communities to renew their efforts to promote the health of children in wartime and *to take special measures in behalf of those boys and girls of high-school age who are combining school with part-time jobs*, working during vacation, or entering full-time employment, in order that their safety, health, and normal growth may be fully assured."

[2] Copies can be obtained from the Children's Bureau on request.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington, D. C.

NOTES

The 1943 New Hampshire Plan

How one State is taking care of the educational interests of children under a plan for the release of high-school students for farm work is shown in the plan recently announced by the New Hampshire State Board of Education.

The qualifications for the selection of students for release from school for this work under the New Hampshire plan include: (1) a minimum age of 14 years, (2) satisfactory scholastic standings in all subjects, and (3) written consent of parents. Pupils may be excused from school for work for not longer than 1 week at a time with some provision for exceptions. In order to safeguard pupils from serious interference with educational progress, the plan provides that pupils' names may be removed from the eligible list for farm work because of school failure or unsatisfactory work service. School work must be made up during the week following return to school. Pupils are not to be excused if other labor supply is available.

The plan is also noteworthy for the special procedures developed to make it possible for the school to know where the student is working and under what conditions. All placements are to be made by the farm-placement clerk of the county farm-bureau office, who must report the following information concerning the placement to the superintendent of schools: (1) the names of farmer and pupils, (2) the dates pupils will begin and end work, and (3) wages to be paid and length of working day. The farmer must report similar information at the close of each employment period to the farm-placement clerk who reports this to the superintendent of schools.

The need for protecting the health of young workers as well as their educational interests

is recognized in a brief paragraph to the effect that "we must keep in mind the individual's health and that overfatigue is detrimental to adolescents . . . and that many of those volunteering will not be physically able to do as much or the same type of work as an adult, or even a farm-reared pupil."

I. L. C.

Some Recent Figures on the Number of Young Workers

Tremendous numbers of boys and girls, the country over, are today having their first experience of employment. About 1 out of every 8 children aged 14 and 15 in the United States was working either full time or part time in April 1943 according to rough estimates based on sample surveys. This situation contrasts sharply with that in April 1941 when roughly 1 out of every 16 children of these ages was at work.

In the next older age group the proportion of young workers is much greater, and it has increased with equal rapidity. About one-third of all 16- and 17-year-olds were working in April 1943 compared with only about one-sixth in January 1941. These estimates include both full-time and part-time workers in all types of employment. For April 1943 they indicate that a total of roughly one-half million 14- and 15-year-olds and one and one-half million 16- and 17-year-olds were working.

The rate at which boys and girls have been joining the nonagricultural labor force, as distinguished from the numbers actually at work at a given time, is shown by statistics on the young people applying for social-security account numbers since 1940. These boys and girls were, in general, new recruits to the labor market who either had just obtained a job or hoped soon to obtain one in employment covered by the old-age and survivors' insurance program—that is, in all fields of work except agriculture, domestic service, and a few other types of jobs excluded from coverage under title II of the Social Security Act.[1]

During 1942, approximately 748,000 children under 16 applied for account numbers, 2½ times as many as applied during 1941 and nearly 6 times as many as applied during 1940. In the 16- and 17-year-old group, the number of boys and girls applying for such numbers in 1942 was 1,799,000, an increase of 25 percent over 1941 and of close to 120 percent over 1940. Many more boys than girls applied for account numbers in each of the 3 years, but the rate of increase in the number of applicants was greater among the girls (see table). Apparently, young girls are being drawn into the labor market to a rapidly increasing extent as more employment opportunities are opened to women and girls by withdrawals of men for military service and by the increased labor shortages.

[1] In the age groups under 18 years, most applicants for account numbers are new workers, although a few may already have been employed in agriculture, domestic service, or other noncovered employment.

Boys and girls under 18 years of age applying for old age and survivors' insurance account numbers, 1940, 1941, and 1942

Sex and age group	1940	1941	1942	Percent of increase, 1940–42
Both sexes	954,474	1,730,363	2,547,053	166.9
Under 16 years	130,308	295,086	747,814	473.9
16 and 17 years	824,166	1,435,277	1,799,239	118.3
Boys	604,276	1,102,704	1,492,109	146.9
Under 16 years	105,406	236,028	527,667	400.6
16 and 17 years	498,870	865,776	964,442	93.3
Girls	350,198	627,659	1,054,944	201.2
Under 16 years	24,902	58,158	220,147	784.1
16 and 17 years	325,296	569,501	834,797	156.6

Advisory Committee Meetings

The Children's Bureau General Advisory Committee on Protection of Young Workers and its Subcommittee on Young Workers in Wartime Agriculture have both met recently to consider pressing wartime problems.

The General Advisory Committee on Protection of Young Workers, meeting April 30 and May 1, gave particular consideration to the development of policies, standards, and programs to meet the many problems presented by greatly increasing employment of young workers of school age, and gave particular attention to ways in which National, State, and community agencies and groups can cooperate in dealing effectively with these problems.

The Subcommittee on Young Workers in Wartime Agriculture, meeting May 14 and 15, learned of recent developments in the farm-labor program of the Extension Service, United States Department of Agriculture, and discussed problems of insurance, supervision of day-haul programs for young workers going to the fields daily from their homes, and ways in which community groups can contribute to the programs of the State extension service and county agents.

The Welfare of Children in Peace and in War

By Emma O. Lundberg

Consultant in Social Services for Children, U. S. Children's Bureau

Note.—Preprinted from revised edition of Our Concern—Every Child; another section, Security for Childhood in Post-War Years, will appear in an early issue of *The Child*. The completed publication will contain also a set of outlines for general review of child-welfare needs.

The war emergency has brought into high relief conditions which threaten the health, education, and social welfare of children. It is becoming increasingly clear that many of the problems of child care and protection which now call for immediate solution because of their relation to the war effort, accentuated though they may be by abnormal conditions in many communities, are problems which have been dealt with inadequately during past years and will continue to demand special attention in post-war years. Concern for children cannot be divided into three parts—pre-war, wartime, and post-war. Building for the security of childhood must be a continuous process of erecting on a firm foundation of past experience and achievements a structure which will insure the physical, mental, and moral well-being of every child and provide the opportunities that should be the heritage of all children.

Hardships and deprivations must be endured by children and adults alike during the period of stress, but they may be compensated for in a measure by greater vigilance on the part of parents and community agencies to protect children from the pressures of wartime and to guard their basic right to a secure home life and a safe environment. Standards of care that are recognized as essential to the welfare of all children must be maintained and strengthened during the wartime years. No State and no community within a State can afford to look after its children carelessly because the need is assumed to be of short duration.

During wartime there is particular danger of forgetting the needs of children whose care and protection are the immediate responsibility of State and local agencies—dependent and neglected children who must be provided for away from their own homes, children who because of physical handicaps or mental deficiency require special care and training, children who must be helped to overcome delinquent tendencies, and children who need protection from neglect and from demoralizing conditions. Many institutions and agencies have had great difficulty in maintaining proper standards of care for children in normal times; they are now faced with rising costs of maintenance and increased need for service. Public services for child care and protection and for prevention of neglect, dependency, and juvenile delinquency must be maintained and strengthened. The necessary financial support of these agencies is of vital importance to children, and the increased demands upon them for services arising from war conditions cannot be ignored.

The opportunities and the protections which may be afforded in post-war years will have little meaning to children who are neglected now. Childhood is not replaceable. Immediate and effective action must be taken to safeguard children whose welfare is endangered by war conditions; but long-time needs cannot be ignored, and the task of building for the future cannot be laid aside. The obligations of society to children cannot be slighted during these vital years and compensated for by planning for their health and security in years to come.

Goals of a Long-Range Child-Welfare Program

At its sessions in January 1940 the White House Conference on Children in a Democracy defined objectives toward which progress should be made during the next few years in behalf of all the children of the Nation.[1] The recommendations adopted by the Conference hold that the essentials of child welfare include a satisfying home life with family income sufficient to assure decent, comfortable housing; adequate, nourishing food; warm, presentable

[1] Children in a Democracy. General Report Adopted by the White House Conference on Children in a Democracy, January 19, 1940. Children's Bureau, Washington, 1940.
Final Report of the White House Conference on Children in a Democracy, January 18–20, 1940. Children's Bureau Publication 272. Washington, 1943.
Standards of Child Health, Education, and Social Welfare: Based on Recommendations of the White House Conference on Children in a Democracy and Conclusions of Discussion Groups. Children's Bureau Publication 287. Washington, 1942.

clothing; health protection, and medical care when needed. Every child should have schooling at least until the age of 16 years; beyond that age school opportunities adapted to the child's aptitudes and interests should be available, with vocational preparation and progressive work experience. Every child should have the opportunity for religious training, and for recreation and leisure-time interests, congenial companionships, and experience in the democratic process. Every child should be helped to gain appreciation of the values and privileges of democratic citizenship and willingness to make all needful sacrifice for the preservation of these values.

These standards constitute the goals of democracy for every child, of whatever race, of native or of foreign parentage, in the country or in the city, rich or poor.

The report of the Conference points out that children comprise about one-third of the total population of the United States—36 million under 16 years of age and about 5 million aged 16 and 17 years—and that about 2 million babies are born each year. (In 1941 the number of live births was 2,513,427.)

> Concern for the child begins before his birth in concern for his parents; it continues until the child reaches maturity. During this period of childhood, roughly 20 years, it is possible to distinguish certain needs of the child as an individual and other needs which are identical with those of his family or his community. The child receives or should receive services from many individuals, groups, and agencies in addition to his own family. Each has its special task; none can be performed successfully without regard for the others. . . . Too often people have failed to recognize the simple truth that the child cannot be broken up into parts—one for the parent, another for the teacher, one for the public official, another for the playground, and still another for the church. The child is an indivisible whole as he grows from infancy to manhood and must be planned for and served as such.[2]

Summing up the recommendations of the Conference on Children in a Democracy and their implications in the light of the impending urgency of national defense, the Chief of the Children's Bureau made the following statement in May 1940:[3]

> What, then, is our duty to the children of today, the citizens of tomorrow, in this time of crisis?
>
> *First*, it is to understand clearly that our internal strength, our unity of purpose, our effectiveness in achieving results, whether in peace or in war, depend to a great extent upon the confidence with which parents can face the future for their children. Their safety, their health, their homes, and their schools must be protected at whatever cost of resourceful planning and financial sacrifice. The responsibility for such planning rests with all the people, but they must act chiefly through government. Government, in turn, must work in full cooperation with the citizens of the country in their many organizations devoted to civic advancement and human welfare. . . .
>
> *Second*, there must be immediate expression of the purpose of the people of the United States to preserve and strengthen the economic foundations of home life . . . to preserve the social gains of the last decade, including governmental action to protect fair labor standards. . . . At the same time, general-assistance programs must be strengthened throughout the Nation. . . .
>
> *Third*, child-labor standards must be preserved and strengthened. The manpower of the Nation is more than sufficient to meet all needs without calling upon children to sacrifice their strength and their schooling for industrial employment. . . .
>
> *Fourth*, educational resources must be maintained and augmented as necessary to assure to every child a fair chance for schooling throughout the school-age period.
>
> *Fifth*, the objectives of the Nation for its youth, as they have been expressed in our developing youth programs, must not be forgotten. . . . Every facility must be provided for guidance of youth, for encouragement of those with special gifts, for assuring to all youth opportunity for education or useful employment.
>
> *Sixth*, we must cover the entire Nation as soon as possible with basic public-health and child-welfare services, needed at all times and especially necessary in times of special stress. All the counties, not merely two-thirds of them, should have public-health-nursing service to guard against epidemics, give health supervision, and assist in the development of community health services for children. Medical-care programs for mothers and children should be extended.
>
> All our rural counties, not merely 500 of them, should have as soon as possible the services of a child-welfare worker, free from the heavy case loads which are carried by public assistance workers, and able to give full cooperation to citizens' groups in developing whatever community programs may be necessary to safeguard the health and well-being of children. In every city the public and private resources for safeguarding the health and welfare of children should be reviewed and strengthened with a view to meeting the needs of every child who may require special service.

The Follow-up Program of the White House Conference

In its "call to action" the Conference on Children in a Democracy faced the dual task of promoting the welfare of children through a long-sustained program and of meeting wartime emergencies: "Recognizing the immediate necessity for providing against the material dangers of the moment, this Conference is impressed also with the equal necessity for maintaining internal strength and confidence among the people of the strongest democracy in the world. If the American people, in a world showing many signs of break-down, can present a picture of a Nation devoting thought and resources to building for the distant future, we shall strengthen by these very actions our own faith in our democracy."[4]

[2] Children in a Democracy, pp. 8–9.

[3] American Childhood Challenges American Democracy (Speech by Katharine F. Lenroot at the National Conference of Social Work, Grand Rapids, Mich., May 28, 1940). *The Child*, July 1940, pp. 7–8.

[4] Children in a Democracy, p. 85.

The Conference affirmed its belief in the convictions of the American people—

> That democracy can flourish only as citizens have faith in the integrity of their fellow-men and capacity to cooperate with them in advancing the ends of personal and social living.
>
> That such faith and such capacity can best be established in childhood and within the family circle. Here the child should find affection which gives self-confidence, community of interest which induces cooperation, ethical values which influence conduct. Secure family life is the foundation of individual happiness and social well-being.
>
> That even in infancy, and increasingly in later years, the welfare of the child depends not alone upon the care provided within the family, but also upon the safeguards and services provided by the community, State, and Nation.[5]

The Conference called upon all citizens "to press forward in the next 10 years to the more complete realization of those goals for American childhood which have become increasingly well-defined from decade to decade."

In accordance with a plan adopted at the closing session, the National Citizens Committee of the White House Conference on Children in a Democracy was organized in June 1940.[6] Under the leadership of this organization follow-up activities were initiated in more than half of the States by White House Conference Committees or Citizens' Committees. These were organized with the official sanction of the Governors or as voluntary groups and represented a wide range of child-welfare interests. In conformity with the pattern set by the original conference they have been concerned with "the whole child," giving equal recognition to the fields of health, education, and social welfare, and emphasizing particularly the need for security of family life.

Many of these committees sponsored Statewide or regional meetings for discussion of the following topics:

> What should be our goals for the protection of children throughout this State?
>
> To what extent does the State (or community) now provide for the needs of children?
>
> What action should be taken by the State and by the local communities in order that childhood may be more secure?
>
> How can all organizations and citizens cooperate in a long-range program and an immediate plan of action?

Extensive fact-finding studies in the various fields of interest usually formed the basis for consideration of these questions. In a few States a notable beginning was made in organizing local committees to work under the guidance of the State group. Because of the war emergency which soon made urgent demands upon the time and effort of State and local leaders in the White House Conference program, some of these committees have found it necessary to merge their interests with committees engaged in emergency activities in behalf of children especially affected by wartime conditions and several have discontinued their work for the duration of the war.

In some States, on the other hand, wartime activities have given an added incentive to the work of committees concerned with the long-range program that see in the emergency a special need for insuring the maintenance of standards of child care. These committees are continuing to keep before the citizens of the State the principles set forth in the Conference recommendations, as a foundation for a post-war child-welfare program. Almost without exception State White House Conference Committees which have temporarily ceased active work have indicated that they hope to resume work when the war is over and the emergency agencies have been discontinued and have stated that through participation of their members in committees concerned with children in wartime they will be continuing to promote the purposes of the White House Conference.

The follow-up program of the Conference on Children in a Democracy could not have taken root had it not been for the active interest of National agencies and State-wide organizations concerned with various aspects of family and child welfare, which have kept the objectives of the Conference before the public and have urged the need for translating the recommendations into State and community action. Through publicity these organizations have laid a broad foundation of Nation-wide understanding of the standards essential to child health, education, and social welfare in wartime as in normal times.

Care and Protection of Children in Wartime

The Children's Charter in Wartime, formulated by the Children's Bureau Commission on Children in Wartime in March 1942, begins with these words:

> We are in total war against the aggressor nations. We are fighting again for human freedom and especially for the future of our children in a free world.
>
> Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future. They must be nourished, sheltered, and protected even in the stress of war production so that they will be strong to carry forward a just and lasting peace.

In August 1942 the Commission adopted a Program of State Action for Our Children in Wartime, outlining 10 subjects which should be

[5] Ibid., pp. 84–85.

[6] As of January 1, 1943, the activities of the National Citizens Committee were discontinued, and its work was delegated to the Federal Children's Bureau.

given consideration by the States as war measures.[7] The program includes health services so organized as to overcome or compensate for overcrowding of existing health facilities and shortages in medical and nursing personnel, and nutrition education, school lunches, and low-cost milk in order to insure adequate nourishing food for all children. Foreseeing the possibility of enemy attack, protection of children in danger zones, and provision for their safety constitute an essential part of the program. The employment of mothers in war industries necessitates provision of day care for their children. Also in the field of social service, special assistance programs are advocated to meet wartime needs of children in their own homes, community child-welfare and other social services that will conserve home life for children and safeguard them from neglect and delinquency, and provision for the care of children who because of war conditions must be separated from their families.

Opportunities for recreation and mental-health services are seen as measures which will help children and parents to overcome wartime strain and insecurity and to make adjustments required by war conditions. Emphasis is placed upon overcoming or compensating for shortages of schools or teachers and assuring full school opportunity for each child, and upon meeting the needs of the Nation for participation of young people in war production while having due regard for conservation of health and educational opportunity for youth in accordance with the basic principles of child-labor regulation.

The following suggestions were made by the Commission in regard to organization for effective action:

1. Fixing responsibility for planning, coordination, and leadership on some representative State group. Wherever practicable this group should be a committee or subcommittee of the council of defense, whose work should be properly related to the work of other defense-council committees including those dealing with emergency and protective measures.
2. Inclusion in the State committee of representatives of State departments of welfare, health, education, and labor, and of State-wide organizations concerned with children; especially representatives of active State White House Conference committees and other groups having a similarly broad purpose, with provision for full cooperation with such groups.
3. Organization of a representative local committee, when practicable, as part of the local defense council.

In pursuance of this plan the Federal Office of Civilian Defense and the Children's Bureau have collaborated in promoting the development of State defense council committees on children in wartime. By June 1943 about half of the State defense councils had organized such committees for action along the lines suggested by the Commission. Notable progress has been made in a number of States in organization of local committees which parallel the State committee in representativeness of membership and scope of program, and which work under the general guidance of the State group.

A publication prepared under the direction of the Children's Bureau Commission on Children in Wartime outlines "Community Action for Children in Wartime"[8] somewhat along the lines of the earlier statement by the Commission in regard to State action. Definite suggestions are made for action especially in communities where war conditions have intensified certain problems:

1. A well-baby clinic in every community.
2. Care for children of employed mothers.
3. School lunches in every school.
4. Schooling for every child.
5. Play and recreation programs in every community.
6. Employment safeguards for every boy and girl.

Some of the community projects that are initiated as emergency measures will be needed only for the duration of the war, but many of them will prove to be services that should be expanded as parts of the permanent program for child welfare.

[7] A Program of State Action Adopted August 28, 1942, by the Children's Bureau Commission on Children in Wartime in consultation with the Office of Defense Health and Welfare Services and the Office of Civilian Defense. Children's Bureau, Washington, 1942.

[8] Community Action for Children in Wartime. Children's Bureau Publication 295. Washington, 1943.

State Plans Approved for Care of Children of Employed Mothers

State plans for day-care services for children of employed mothers, submitted by State welfare departments, had been approved by the Office of Community War Services of the Federal Security Agency, formerly the Office of Defense Health and Welfare Services, for 29 States up to May 15, 1943, on the recommendation of the Children's Bureau. The number of States with educational plans approved on the recommendation of the Office of Education stood at 33.

• SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN •

Emergency Maternity and Infant-Care Programs

State plans to provide maternity and infant care for the wives and infants of men in the armed forces (fourth, fifth, sixth, and seventh grades) are rapidly being put into operation. Plans and budgets for the following 26 States had been approved by the Children's Bureau up to May 25:

Arizona.	Nevada.
Arkansas.	New Jersey.
Connecticut.	New Mexico.
Delaware.	North Carolina.
Idaho.	Oklahoma.
Illinois.	Rhode Island.
Indiana.	South Carolina.
Kansas.	South Dakota.
Kentucky.	Utah.
Maine.	Vermont.
Maryland.	West Virginia.
Michigan.	Wisconsin.
Mississippi.	Wyoming.

These programs for emergency maternity and infant care are being set up as a part of the 1943 annual plans and budgets of the States under maternal and child-health services, so that, by requesting extension of approval of existing emergency maternal and infant-care plans, States may continue them without interruption into the 1944 fiscal year, which begins July 1, 1943.

A folder, Maternity and Infant Care for Wives and Infants of Men in the Armed Forces, issued by the Children's Bureau, tells in brief form who is eligible for service under the emergency maternity and infant-care programs, how to apply, what services the patient can expect to receive, and how the plans work. It also lists the ranks and ratings of enlisted men of the fourth, fifth, sixth, and seventh grades of the armed forces as of April 15, 1943. Copies of this folder can be obtained on request from the Children's Bureau or from the State health departments.

A Rural School-Lunch Program

By Elizabeth L. Kingsbury, Nutrition Consultant

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When a school-lunch program is proposed for a community, there are likely to be many obstacles to hurdle. The school authorities or local civic leaders may shake their heads and say, "We have no room for it. Where can we get any labor? Equipment is impossible to procure. There are no funds to finance a school-lunch program. The children get along all right without it. We don't want to clutter up the school program with anything more."

It is encouraging, then, to come on an individual with enthusiasm, who will let no obstacle come in his way. Such a man is the principal of a certain grammar school in the heart of the northern Maine potato country. "We must have a school-lunch program," he said with such fire that the local organizations caught the spirit and joined in raising funds to help finance the project. Everyone wondered where it could be fitted into the school building, which had been planned without thought of cooking or eating facilities. "Take my office for the kitchen, move the cloakroom, set up the tables and benches in this space with an overflow into one of the classrooms," the principal suggested.

Simple plank tables and settees were built from local lumber to accommodate 150 to 200 pupils. A stove and some simple cooking equipment were donated. An extra oil stove was brought in from a camp to heat a big container of hot water, for the set-up afforded no such luxury as running hot water. Food could be purchased locally, supplemented with surplus commodities when available, and donations were received from some of the children in return for free lunches. The meals were simple but contained a good balance of the essential foods.

The discontinuance of the Work Projects Administration, which had carried the expense of labor, meant another problem to solve. But the principal found an answer: "Our local funds can bear part of the expense but we will need to increase the cost of the meal for those who can afford to pay." He sent a questionnaire home to the parents explaining the situa-

tion, and asking how many could pay 10 cents daily for each child in the family.

Letters such as this came in reply:

> I want to apologize for not returning your paper, but my little boy cut it up into paper dolls; but I wanted to tell you that I am willing to pay 10¢ a day, and I think the hot lunches are a very good thing for the children, and for the school.

Special arrangements were made for children whose parents could not pay this amount.

Many of the children came from families who could not afford an adequate diet for growing children, or did not know about the foods they needed. This noon lunch meant at least one square meal a day for bodies that truly had both hollow and hidden hunger. A physical examination of the children would probably have shown some interesting results; a casual observer could notice the healthy color on the cheeks of these children, the vitality which vibrated through the group. There were no finicky appetites. Each child ate all of his meal. Undoubtedly a school-lunch program is one of the best ways to teach children to eat protective foods and to understand the relation of food to health. And here on the home front the responsibility of every one of us is to insure better health and physical development for the world of tomorow.

TELL US WHAT YOUR COMMUNITY IS DOING

The Children's Bureau plans to publish in *The Child* during the last 6 months of 1943 several short, graphic accounts of local activities illustrating the six-point program outlined in Community Action for Children in Wartime (Children's Bureau Publication 295). Contributions are invited. The six-point program calls for:

1. **A well-baby clinic in every community.**
2. **Care for children of employed mothers.**
3. **School lunches in every school.**
4. **Schooling for every child.**
5. **Play and recreation programs in every community.**
6. **Employment safeguards for every boy and girl.**

Stories should not exceed 800 words and may describe any one of these programs or any combination of them, as already existing in a community or as newly established. If photographs illustrating the program are available they should be submitted with the article. Send two typewritten copies of the manuscript if possible.

Give specific details—on ways in which community interest was stimulated, how the program was set up and financed, what groups helped, what features do most to make it a success. Don't think you cannot send in a story because the program is not county-wide; we want to know what *your own neighborhood* is doing.

Contributions received by the first of each month will be considered for publication in *The Child* for the following month. Reprints up to 100 copies will be available without charge to the author of an article accepted for publication. Address contributions to Editor, *The Child*, Children's Bureau, U. S. Department of Labor, Washington, D. C.

Advisory Committee to Office of Foreign Relief and Rehabilitation Operations

The Director of the Office of Foreign Relief and Rehabilitation Operations, Herbert H. Lehman, former Governor of New York State, has announced the setting up of an Advisory Committee on Health and Medical Care with Surgeon General Thomas Parran of the Public Health Service as chairman. The other members of the committee are Brigadier General James S. Simmons, United States Army; Commander T. J. Carter, United States Navy; Dr. James A. Crabtree, Medical Director of the Office of Foreign Relief; Dr. Martha M. Eliot, Associate Chief of the Children's Bureau; Dr. Alfred Cohn, Board of Economic Warfare; Professor C.-E. A. Winslow, Yale University School of Medicine; Dr. Frank G. Boudreau, director of the Milbank Memorial Fund; and Selskar M. Gunn, vice president of the Rockefeller Foundation.

Dr. Eliot is chairman of the subcommittee on maternal and child health, of which Dr. Henry F. Helmholz, Dr. Edwards A. Park, Dr. Nicholson J. Eastman, Dr. Clifford Grulee, and Dr. Joseph Stokes are members. Other subcommittees have to do with nutrition, sanitation of environment, and tropical diseases.

The Advisory Committee will collect and analyze information, appraise epidemic and other disease conditions likely to occur, estimate amount and kinds of needed health and medical supplies and equipment, consider sources of personnel needed, consider nutritional problems ahead, and advise the Director on other aspects of public health as occasion arises.

• INTER-AMERICAN COOPERATION •

Council Meeting in Montevideo

The Council of the American International Institute for the Protection of Childhood met in Montevideo, Uruguay, headquarters of the Institute, on May 28, 1943. One of the topics considered was the report of a commission appointed as a result of a recommendation of the Eighth Pan American Child Congress that the Institute study nutrition problems of the children of the Americas. Katharine F. Lenroot, Chief of the Children's Bureau, who represents the United States Government on the Council, left Washington May 14 to attend the meeting in Montevideo.

Miss Lenroot planned to visit several South American countries before returning to the United States.

Cuban Branch of American Academy of Pediatrics

Twelve Cuban pediatricians were designated as members of the American Academy of Pediatrics on December 31, 1942, and now constitute the Cuban Branch of the Academy. At the first meeting of the Cuban Branch, in January 1943, Dr. Felix Hurtado Galtes, Profesor Auxiliar de Pediatría, was proposed as chairman and Dr. Emilio Soto Pradera, Especialista de Niños del Hospital de Maternidad Obrera de la Habana, as secretary of the Branch.

The other 10 members of the Cuban Branch of the American Academy of Pediatrics are: Dr. Angel Arturo Aballí, Dr. Clemente Inclan y Costa, Dr. Teodosio Valledor, Dr. Augustin Castellanos, Dr. Julio Cabrera Calderin, Dr. Gustavo Cardelle, Dr. Gabriel Gomez del Rio, Dr. Carlos Hernández Miyares, Dr. Serafín Falcón, and Dr. Roberto Valdez Diaz.

Uruguay

Child-Welfare Work.

The Asociación Uruguaya de Protección a la Infancia, an important private agency, has been engaged for 18 years in the work of helping destitute children in Uruguay, supplementing the activities of the Government, which is hampered by lack of funds.

In 1942 the society maintained 11 lunch rooms serving 2,000 school children daily and operated 4 nursery schools caring for 300 children between the ages of 3 and 6 years. The society has also been giving financial aid to expectant mothers and taking steps to bring about the marriage of couples living in free union and the registration of births. It also promotes health education.

La Mañana, Montevideo, September 21 and October 8, 1942.

Peru

First National Congress on the Protection of Childhood.

The Peruvian Pediatric Society has announced that the opening of the First National Congress for the Protection of Childhood, in Lima, Peru, has been set for July 4, 1943, and that the coincidence of the date with the anniversary of the independence of the United States will be the occasion for special recognition of the progress in inter-American cooperation for child welfare brought about through the Pan American Child Congresses.

Mexico

Day Nurseries in Mexico City.

The increasing demand for women workers has resulted in the establishment of additional day nurseries in Mexico City in recent months. These nurseries (guarderías infantiles), primarily for children of employed mothers, were set up by committees of women volunteers (comités voluntarios de asistencia infantil) and are maintained by joint grants from these committees and from the Department of Public Welfare. The day nurseries are administered by these committees, whose work for mothers and children is under the general supervision of the Department of Public Welfare.

Novedades, Mexico City, November 17, 1942.

Activities of Federal Department of Public Welfare.

The growing activities of the Federal Department of Public Welfare of Mexico (Secretaría de la Asistencia Pública) are described in the report of the Department for the fiscal year

1942. Among other bureaus the Department includes a Bureau of Child Welfare, a Bureau of Public Welfare in the Federal District, a Bureau of Welfare in the States and Territories, and a Bureau of Studies and Investigations.

As reorganized in 1942 the Bureau of Child Welfare (Dirección General de Asistencia Infantil) consists of the Division of Medical Aid (Departamento de Asistencia Médica) and the Division of Social Aid to Mothers and Children (Departamento de Acción Social Infantil y Maternal).

Among the activities of the Division of Medical Aid, the report gives special prominence to the work of the child-health centers. A committee of three physicians was appointed to investigate the work of the centers and suggest improvements. Special courses were organized for physicians and for public-health nurses engaged in work with children. Medical attendance on children in their homes was another new phase of the division's work.

The Division of Social Aid to Mothers and Children investigates and makes decisions on all applications for aid. In 1942 it organized brief courses in social services for its employees; some employees were given the opportunity to study at the School of Social Service of the National University of Mexico.

The Bureau of Child Welfare received, as in previous years, considerable financial and other aid from the voluntary committees on child welfare (comités voluntarios de asistencia infantil); eight such committees were set up during the year. There is in the Bureau a special section concerned with the work of mothers' clubs, which are engaged in educational activities for mothers, such as instruction in reading, writing, home management, sewing, and other work.

In accordance with the Bureau's new policy of aiding children in their own homes or placing them in foster homes in preference to institutions, conditions in the public-welfare institutions were investigated, and many children were transferred to supervised foster homes. Children in foster homes receive medical and dental care, and in recent months a suitable diet has been prescribed for them.

An appendix contains colored plates and charts depicting the Department's activities.

Secretaría de la Asistencia Pública, Informe de Labores Presentado al H. Ejecutivo de la Unión, por el Dr. Gustavo Baz, Secretario del Ramo, 1941–42, México.

• EVENTS OF CURRENT INTEREST •

Summer Courses

International Relief Administration.

A summer institute in international relief administration will be conducted by Dr. Hertha Kraus at Bryn Mawr College, Bryn Mawr, Pa., June 13–26. The institute will be open to graduates of social-work schools and to other qualified men and women with professional experience in community organization, public administration, and teaching, especially in the fields of social sciences and modern languages. The enrollment is limited to 35 students.

Indian Service Summer Schools.

Haskell Institute, Lawrence, Kans., offers courses from June 3 to June 30 for in-service training designed for new employees entering the Indian Service and for women who replace men in school activities in agriculture, livestock management, and shop work. The effect of war and post-war planning on the curricula of Indian schools will also be studied.

Public-Health Nursing.

Public Health Nursing for April 1943 gives a list of summer courses for public-health nurses, which includes maternal health, infant and preschool health, dental-health education, personnel and guidance, and so forth.

Workshop in Community Nutrition.

The University of Chicago will conduct a Workshop in Community Nutrition, July 19 to August 21, for nutrition workers who are concerned with improving nutrition of the people. A physician and a nutritionist from the United States Children's Bureau, representatives of other Government agencies rendering nutrition services, and other special lecturers will participate.

Family and Child-Care Services in Wartime.

Vassar College, Poughkeepsie, N. Y., will conduct its second Institute for Family and Child-Care Services in Wartime, July 1-30. The institute will be open to men and women who are actively engaged in some type of community service, professional or volunteer, and who have had 2 years' study in a liberal-arts college or the equivalent in special work. Adults may enter their children from 2 to 12 years of age in the children's school. There will be five seminars based on special interests of students and lectures by specialists.

Workshop in Family-Life Education.

The Florida State College for Women, Tallahassee, in cooperation with the State Department of Education, has planned a Workshop in Family-Life Education for Florida communities from July 5 to July 23. The purpose of the proposed workshop is to give an opportunity to representatives of Florida communities to work together under expert guidance on programs for home and family life.

Children and the War.

The University of Iowa, Iowa City, offers a special summer program from June 7 to July 30 for people who work professionally with children, in addition to the regular summer schedule offered by the Iowa Child Welfare Research Station and cooperating departments. Opportunities for observation and experimental work will be available in the preschool laboratories.

Family-Life Education.

Mills College, Oakland, Calif., is offering a course in Family Life Education from June 28 to July 16. The course is designed for those teaching courses on marriage and family relations, or preparing to do so; for parent-teacher leaders; for religious workers; and for others, including parents, who are dealing with boy-girl relationships. Students of college standing may take the course with or without credit.

Institutes at New York School of Social Work.

Three series of summer institutes stressing problems of social-work practice in wartime and consideration of post-war problems will be given by the New York School of Social Work, Columbia University, as follows: Series A, July 19–30; Series B, August 2-13; Series C, August 16-27. Series A includes "Child Care in Wartime."

Seminar on Delinquent Behavior.

The Graduate School of Social Work of the University of Southern California will conduct a seminar on delinquent behavior August 2 to August 21, in which probation officers, children's workers, and teachers will participate. A member of the staff of the Social Service Division of the Children's Bureau has been invited to assist.

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the need of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Communications and requests to be placed on the free official mailing list should be addressed to Miriam Keeler, editor, The Child, Children's Bureau, U. S. Department of Labor, Washington, D. C.

The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington, D. C., at 50 cents a year; foreign postage, 25 cents additional; single copies, 5 cents.

UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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Social Statistics

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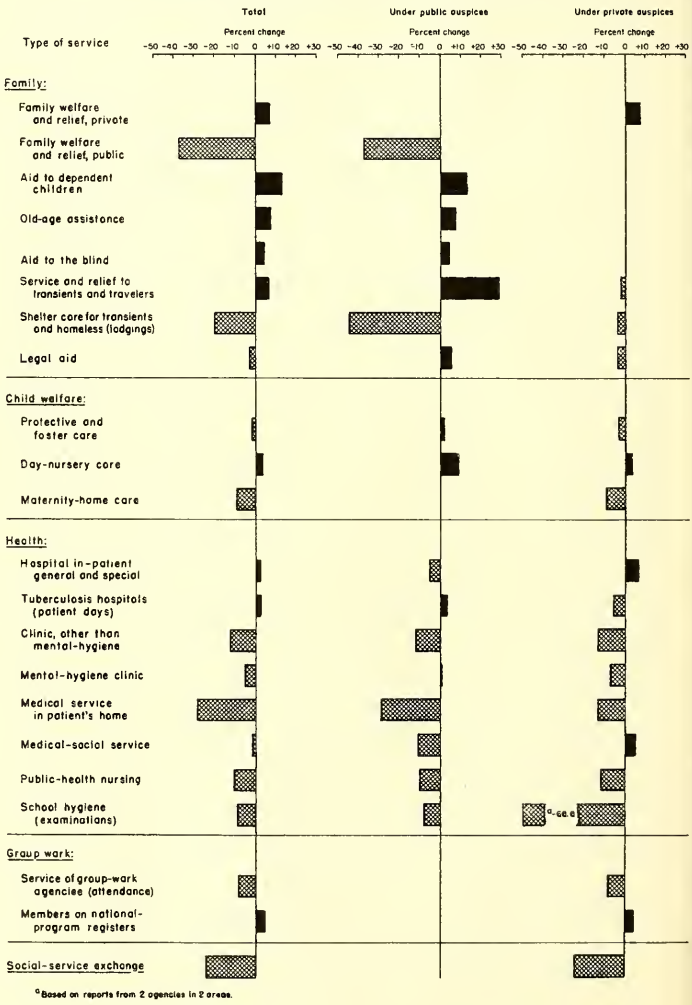
THE VOLUME OF SOCIAL AND HEALTH SERVICES IN THE FIRST QUARTER OF 1942, IN 45 URBAN AREAS

The extent to which the volume of the social and health services is being adapted to the rapidly changing scene may be observed through data available from the social-statistics project. An analysis of changes in the volume of social and health services during the transition from peace time to the defense period in 42 urban areas included in the social-statistics project was published in Social Statistics, March-June 1942. 1/ Data in the present article indicate the changes occurring in the tranistion from defense to the early stages of a war economy. These changes are described here by comparing the average volume of services provided in January, February, and March 1942 with the average volume of services provided in the first quarter of 1941. This procedure minimizes the factor of seasonal variations which is large in many of the fields of service and makes possible a comparative view of the volume of services in the first full quarter year during which this country was at war.

Detailed average monthly service in selected fields of social and health services for the first quarter of 1942 are contained in appendix table 1 (p. 10). The percentage changes by fields of service are shown graphically in figure 1. A list of the 21 fields included in the social-statistics project and the number of local agencies reported in each of the fields for which data are available from the 45 areas are shown in table 1. Data are presented

FIG. 1-PERCENTAGE CHANGE IN AVERAGE MONTHLY SERVICE IN SELECTED FIELDS, 45 URBAN AREAS FIRST QUARTER OF 1942 COMPARED WITH FIRST QUARTER OF 1941



[a] Based on reports from 2 agencies in 2 areas.

1/ Changes in Social and Health Services, Social Statistics, Nos. 3 and 4, supplement to The Child, Vol. 6.

Table 1.--Number and combined population of reporting areas and agencies, by selected types of service, first quarter 1941 and 1942

Type of service	Number of areas				Number of agencies reporting a/	Combined population of reporting areas, 1940 census
	Reporting			Not reporting		
	Total	Service	No organized service			
Family:						
Family welfare and relief, private	45	45	.....	.....	321	27,756,064
Family welfare and relief, public	45	45	.....	.....	109	27,861,916
Aid to dependent children	44	44	.....	1	53	27,579,250
Old-age assistance	44	44	.....	1	51	27,579,250
Aid to the blind	43	42	1	2	50	27,403,368
Service and relief to transients and travelers	43	38	5	2	47	25,867,409
Shelter care for transient and homeless	40	38	2	5	142	25,848,326
Legal aid	42	29	13	3	31	25,940,546
Child welfare:						
Protective and foster care	41	41	.....	4	601	26,263,771
Day-nursery care	43	37	6	2	166	26,766,560
Maternity-home care	42	38	4	3	83	26,655,217
Health:						
Hospital in-patient	34	34	.....	11	473	20,773,867
Clinic, other than mental-hygiene	40	40	.....	5	433	25,152,780
Mental-hygiene clinic	39	31	8	6	50	20,500,285
Medical service in patient's home and in doctor's office	30	29	1	15	66	19,179,958
Medical-social service	36	25	11	9	108	19,861,017
Public-health nursing	37	37	.....	8	197	19,859,084
School hygiene	37	35	2	8	88	19,859,084
Group work:						
Service of group-work agencies	34	34	.....	11	333	16,272,245
Local groups organized under national programs	39	39	.....	6	113	22,014,108
Social-service exchange	44	44	.....	1	45	26,985,248

a/ Includes duplication among types of service in instances where a single agency in an area provides a separately organized service in two or more specified fields.

for 21 fields of service covering the following major groups of programs: Family welfare, child welfare, health, group work, and social-service exchanges. 3/

3/ For a description of 42 of the areas reporting and the coverage and relative importance of the selected fields, see Social Statistics for March-June 1942. The present article includes data for Fort Worth, Oklahoma City, and Rochester. These areas were first included in the social-statistics project in January 1941. The description of these areas is as follows:

Principal city	1940 population	Registration area includes—
Fort Worth	225,521	Tarrant County
Oklahoma City	244,159	Oklahoma County
Rochester	438,230	Monroe County

Summary of Changes.

The volume of social and health services reported by the 45 registration areas was, in general, lower in the first quarter of 1942 than in the first quarter of 1941. Increases were reported in 8 and decreases in 13 of the 21 fields of service for which data are availeble.

The decreases were more pronounced than the increases. In only one field, aid to dependent children, was an increase of more than 10 percent reported. 4/ Decreases of more than 10 percent occurred in six programs, including three health programs and two family-service programs.

4/ This increase was largely the result of program expansion in Illinois and Texas following the approval of State plans for aid to dependent children under the Social Security Act.

The most clearly defined change in any of the major groups of programs was the decline in the volume of the health services. Of the seven programs included in this group, decreases were reported in six. Only hospital-in-patient care increased, and an analysis of this program indicates that the increase was due to a rise in the volume of paid care; the volume of free in-patient care declined, as did the other health services.

Changes in the family-service programs varied widely. The four largest increases and the largest decrease in all the fields of service were reported in programs included in this group. The increase in the family-service program was largely influenced by continuation of upward trends in the special types of public assistance. Expansion of services other than financial aid was evident in the private family-welfare field.

Child-welfare programs showed little change in the volume of service. The group-work picture was blurred; activities of local agencies declined while the register of nationally organized agencies increased. A sharp decrease in social-service-exchange clearings was consonant with the prevailing downward trend in the volume of services reported for the 20 operating programs.

Decreases in service occurred in more of the programs under private auspices than of those under public auspices. Of 17 fields in which private agencies reported, decreases occurred in 12 and increases in 5. Of 16 fields in which public agencies reported, decreases occurred in 8 and increases in 8. Both increases and decreases were more pronounced in the public programs than in the private programs.

In most fields the changes from the first quarter of 1941 to the first quarter of 1942 parallel changes from 1940 to 1941.5/ A few significant differences may be noted. A decrease in service provided by private family-welfare agencies occurred from 1940 to 1941; the comparison for the first part of 1941 with the first part of 1942 shows a rise in service in this field. This was due to the increase in nonfinancial assistance--particularly by the American Red Cross. The increase in transient and traveler service was insignificant in the earlier comparison; in this analysis it appears as one of the larger program expansions. This expansion was highly localized in the Detroit area and represents service to in-migrants drawn into the new war industries in that city. The general similarity in changes observed in the 1940 comparison and in the comparative view of services in the first quarter of 1941 and the first quarter of 1942 leads to the conclusion that the changes in the volume of service were largely influenced by factors operative before this country's entrance into the war as, for example, the sharp rise in employment in the preceding year and a half.

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5/Social Statistics, March-June 1942, pp.5 and 6.

Continued improvement in employment during the first quarter of 1942 and the consequent decrease in the demand for some of the social services and for free health services has undoubtedly been a factor in the general reduction in the volume of services provided. Of the 40 chief cities in the registration areas for which data are available, the index of emloyment in manufacturing industries was higher in March 1942 than in March 1941 in 36, and lower only in 4. 6/

However, data on changes in employment alone fall far short of constituting a complete explanation of changes in the volume of social and health services, particularly in individual cities. To illustrate: San Francisco and New Orleans were among the cities experiencing the largest increases in employment. A decisive reduction in services took place in San Francisco but not in New Orleans. In fact, reductions in service in New Orleans were less than in Louisville, which is one of the four cities in which employment declined. In Atlanta, another of the four cities in which employment declined, the volume of services did increase proportionately more than in the registration areas as a whole. Figure 2 shows the percentage changes in Louisville, Atlanta, New Orleans, and San Francisco.

The wide variation in the pattern of change among the areas shown in figure 2 suggests the influence of factors peculiar to each locality which affect the need for and the provision of social and health services.

Comments from councils of social agencies and other community-wide planning bodies indicate that the following developments were important in local variations in the volume of service: Changes in amounts of appropriations from public funds and from community chests for operating purposes; the difficulty of obtaining professional staff; changes in policy on intake and on closing of cases; changes in interagency relationships; adoption, modification, and interpretation of laws governing the public social services; changes in marriage rates, birth rates, migration, and the health of the community; expansion of hospital service plans; changes in community knowledge of, and attitudes toward, available social services; and revisions in reporting procedures.

The war has given dramatic values to community studies directed toward analyses of unmet need. Determination of the extent to which present needs are newly arisen from the war and the extent to which they represent persistent and continuing needs that have not previously been recognized or met is important in planning future community organization for social and health services. Recur-

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6/ Indexes of Employment in Manufacturing Industries by Metropolitan Area, March 1942. U. S. Department of Labor, Bureau of Labor Statistics, Washington.

FIG.2-PERCENTAGE CHANGE IN AVERAGE MONTHLY SERVICE IN SELECTED FIELDS, FOUR URBAN AREAS
FIRST QUARTER OF 1942 COMPARED WITH FIRST QUARTER OF 1941

rent or follow-up studies which give indication of trends or change from period to period promise to be particularly helpful in planning.

The war has already focused interest on a number of problems, such as juvenile delinquency and the need for public day care of children and the public recreational services, for which data are not available through the social-statistics project. Activities of the United Service Organizations, child care provided by the Work Projects Administration, and service provided by self-supporting child-care units are not included in the project. Other services, such as case-work service to unmarried mothers and to children born out of wedlock, are included in generalized case loads of

agencies in a number of fields but are not separately reported. Present methods of measuring the activities of social and health agencies require study and adaptation to shifts in the nature of the work of these agencies.

The functions of social and health agencies relate both to service to individuals and to community-wide activities. The data presented here relate only to services to individuals and do not indicate the growth of community-wide activity carried on by local agencies. Local agencies are cooperating with defense councils in training volunteers for emergency service, in salvage drives, in United Service Organization programs, in war-relief drives, and in other war activities. These should be considered in future evaluations of the direction and extent of changes in the volume of services provided by health and social agencies.

Changes in the volume of service to individuals are discussed in greater detail under the major program groups.

Family Service.

Changes from the first quarter of 1941 to the first quarter of 1942 in the volume of service and relief provided by family-service agencies varied widely in direction and degree among the following eight types of programs coming within the family-service group: Family cases and relief (private agencies), general relief (public agencies), aid to dependent children, old-age assistance, aid to the blind, transient and traveler cases, shelter care, and legal aid (table 2). The two programs in which the greatest reductions resulting from the upward trend in employment would be expected are general relief (public agencies) and shelter care. These showed decreases of 37 percent and 20 percent respectively. Decreases in public general relief were reported by 41 of the 45 areas. The only large increase in public general relief in any area was reported by Richmond (19 percent). Small increases were reported by New Orleans, Dallas, and Denver.

There was some indication of a shift from public relief to private-agency family care. In 28 areas private-agency cases increased while public relief decreased. In 13 areas care under both public and private auspices decreased; in 3 both types of care increased, and in only one area (Denver) did the public load increase and the private load decrease. The number of lodgings provided in shelters declined in 29 of the 40 cities reporting shelter care. In two areas only were there significant increases. In Canton the number of lodgings increased 53 percent and in Richmond, 30 percent.

Increases for each of the three special types of public assistance were reflected in the total case loads of cities reporting old-age assistance, aid to dependent children, and aid to the blind. Increases were experienced in 35 of the 44 areas reporting old-age assistance. A reduction of 9 percent in Baltimore was the only significant decrease reported in old-age assistance. The increase in the case load for aid to the blind was less pronounced, but it also represented a continuation of an upward trend beginning in 1935.

Table 2.--Percentage change in average monthly service in selected fields of family service in 45 urban areas, first quarter of 1942 compared with first quarter of 1941

Type of family service	Percent change	Number of areas							
		Total	Reporting						Not reporting
			Total	Increase a/	Decrease a/	Change not computed b/	No change	No organized service	
Family welfare and relief, private agency	+7.2	45	45	31	14	.....	.....	.....	.....
Family welfare and relief, public agency	-37.4	45	45	4	41	.....	.....	.....	.....
Aid to dependent children	+13.2	45	44	17	25	.....	2	.....	1
Old-age assistance	+7.4	45	44	35	7	.....	2	.....	1
Aid to the blind	+4.2	45	43	19	18	1	4	1	2
Service and relief to transients and travelers	+6.7	45	43	15	15	8	.....	5	2
Shelter care (lodgings)	-20.0	45	40	8	29	.....	1	2	5
Legal aid	-3.0	45	42	6	19	4	.....	13	3

a/ Exclusive of areas for which the base was less than 50.
b/ Not computed because the base was less than 50.

A total increase for all areas of 13 percent in the program for aid to dependent children is attributable to the increase in Chicago, Dallas, Fort Worth, and Houston, coincident with the approval of aid-to-dependent-children plans under the Social Security Act in Illinois and Texas. The influence of the rapid development of the program in these two States may be seen from the following data on the average number of cases receiving assistance:

	First quarter 1941	First quarter 1942	Percent change
Total, 44 areas...	66,644	75,450	+13.2
Chicago.....	1,779	10,615	
Dallas.....	88	330	
Fort Worth.....	.....	270	
Houston.....	.....	230	
40 areas.....	64.777	64,005	-1.2

The decrease in the registration areas where the program for aid to dependent children was established before 1941 indicates that recipients of this type of assistance are less directly affected by changes in the level of employment than are recipients of general relief, but more directly affected than recipients of old-age assistance and aid to the blind.

In addition to programs designed primarily to provide financial assistance, the family-service group includes agencies whose chief function is to give case-work service. The largest of these programs is that administered by private family agencies. An increase of 7 percent was reflected in the combined case loads of private family agencies in the 45 cities reporting this service. This increase was the result of activities of the Home Service Department of the American Red Cross. The Red Cross provides case-work service to the rapidly expanding number of service men in the armed forces of the United States and to their families. In the first quarter of 1941 Red Cross cases constituted 13 percent of all private family-agency cases. By the first quarter of 1942, the Red Cross was providing 26 percent of this service. The effect of Red Cross activity on the total volume of service provided by family-welfare agencies is evident from the following data on average monthly case loads:

	First quarter 1941	First quarter 1942	Percent change
All private family-welfare agencies..	77,284	82,276	+7.2
American Red Cross.....	9,858	21,452	+117.6
Other private family-welfare agencies.....	67,426	61,424	-8.9

This increase results from provision of service other than financial assistance. At the same time that the total number of cases increased 7 percent, the number of cases receiving relief decreased 14 percent.

The increase in the service and relief case load of agencies serving transients and travelers was determined by an increase of 85 percent reported by Detroit. Excluding Detroit, the case load of transients and travelers showed a decrease of 9 percent.

Legal aid, a relatively small service included under the family-service section, showed a slight decrease (3 percent) in the volume of service provided in the first quarter of 1942 as compared with the volume of service for the corresponding quarter of 1941.

Child-Welfare Service.

A comparison of the volume of child-welfare service in the first quarter of 1942 with the first quarter of 1941 indicates little change (table 3). For the 41 cities combined, there was a net decrease of 2 percent in the number of children receiving protective and foster care. Agencies under public supervision showed an increase in case load of 2 percent whereas those under private supervision reported a decrease of 3 percent. Decreases in the volume of protective and foster care of dependent and neglected children occurred in 25 cities and increases in 16 cities. The volume of each type of protective and foster care decreased in small measure, excepting care in relatives' homes which increased slightly. Public-agency care in the homes of parents and relatives increased, and the number of children receiving public foster care decreased. On the other hand, the number of dependent and neglected children receiving each type of protective and foster care through private agencies was smaller in the first quarter of 1942 than in the first quarter of 1941. The largest decrease in private care (5 percent) occurred in foster-home care.

A decline of 2 percent in volume of service was reported by child-caring agencies in 41 areas. This decline would have been larger (3 percent) if reports were omitted from Kansas City where a reorganization of the Kansas City Provident Family and Children's Agency took place.

In spite of wide emphasis on the need for day care of children, an increase of only 3 percent was reported in the program of day-nursery care. However, the data reported by the agencies providing this service are limited almost entirely to programs supported wholly or partly from private contributions. Data from only one public agency, located in Fort Worth, are included. The data do not include WPA nursery schools, the public-school nursery schools, nor self-supporting programs. Although the combined count of the children receiving day-nursery care reported by 43 cities included in the first quarter of 1942 rep-

Table 3.--Percentage change in average monthly service in selected fields of child-welfare service in 45 urban areas, first quarter of 1942 compared with first quarter of 1941

Type of service	Percent change	Number of areas							
		Total	Reporting						Not reporting
			Total	Increase a/	Decrease a/	Change not computed b/	No change	No organized service	
Protective and foster care..	-1.8	45	41	16	25	.....	.....	.....	4
In parents' homes.....	-0.9	45	41	21	17	2	.....	1	4
In relatives' homes....	+0.7	45	41	14	20	6	.....	1	4
In foster homes.....	-3.0	45	41	15	23	2	1	.....	4
In institutions.....	-1.8	45	41	14	25	.....	2	.....	4
Day-nursery care.....	+3.3	45	43	23	11	3	.....	6	2
Maternity-home care.....	-9.4	45	42	3	14	20	1	4	3

a/ Exclusive of areas for which the base was less than 50.
b/ Percent change was not computed because base was less than 50.

resents an increase of 3 percent over the corresponding period in 1941, 11 of the 43 areas reported a decrease.

The number of women under care in maternity homes decreased 9 percent. In the first quarter in 1942 an average monthly number of 2,240 women were reported in this field, and 20 of the areas reported an average monthly number of less than 50 cases. Of 18 areas having more than 50 cases, 14 reported decreases and 3 reported increases in the number of women provided maternity-home care.

Health Services.

The general picture of changes in the health-service programs is that of an increase in hospital-in-patient care and a decrease in all other health programs, including clinic visits, home-medical visits, medical-social service, mental-hygiene clinics, public-health nursing, and school-health programs (table 4).

The number of patient-days provided in general and special hospitals and in tuberculosis and chronic-illness hospitals showed small increases. The volume of care provided by general and special hospitals was affected primarily by the increase in care provided by private hospitals; the chief factor in the rise in the amount of care given by tuberculosis hospitals was the increase in public care. The increase in patient-days in tuberculosis hospitals was greatly influenced by a reporting change in New Orleans. The largest of the health programs--in-patient care in private general and special hospitals--showed a 12 percent increase in paid care and a 13 percent decrease in free care.

Improvement in general economic conditions is reflected in the following, data showing an increase in average number of paid patient-days in private general and special hospitals and a decrease in free patient-days:

Patient-days	First quarter 1941	First quarter 1942	Percent change
Total.....	1,565,444	1,671,014	+6.7
Free.....	331,473	289,918	-12.5
Paid.....	1,233,971	1,381,096	+11.9

Only 17 percent of the in-patient care in private general and special hospitals was provided free to patients during the first quarter of 1942. For the same period in the previous year, 21 percent of the total in-patient days were reported as free to patients. A decrease of 6 percent in the number of maternity cases provided care under public auspices and an increase of 26 percent in such care under private auspices suggests that an increasing number of patients were able to pay for their care. Of the 34 areas reporting in-patient care in general and special hospitals, 23 reported an increase and 11 showed a decrease.

The largest decrease (29 percent) in health service occurred in medical service provided in the home and in doctors' visits to patients' homes reported by health and welfare agencies and by hospitals. This is, of course, one of the most costly of the health programs in terms of professional time. Only 3 areas reported an increase in the number of home visits made by physicians. Significant decreases of 13 percent occurred in the visits to clinics (other than mental-hygiene-clinics), of 11 percent in public-health-nursing visits, and of 9 percent in school-health examinations. The number of visits to mental-hygiene clinics and the volume of medical-social service also dropped off. The general decrease in health

Table 4.--Percentage change in average monthly service in selected fields of health service in 45 urban areas, first quarter of 1942 compared with first quarter of 1941

Type of service	Percent change	Number of areas							
		Total	Reporting						Not reporting
			Total	Increase a/	Decrease a/	Change not computed b/	No change	No organized service	
Hospital patient-days:									
General and special	+2.7	45	34	23	11	.....	.....	.....	11
Tuberculosis	+2.4	45	34	14	18	.....	.....	2	11
Chronic illness	+1.7	45	34	3	2	.....	.....	29	11
Medical service:									
Clinic visits c/	-12.6	45	40	3	37	.....	.....	.....	5
Home visits	-28.7	45	30	3	26	.....	.....	1	15
Examinations d/	-8.9	45	37	14	17	1	3	2	8
Mental-hygiene-clinic cases	-5.3	45	39	7	17	7	.....	8	6
Public-health-nursing visits e/, total	-10.8	45	37	7	30	.....	.....	.....	8
Maternity-case visits	-4.8	45	37	10	27	.....	.....	.....	8
Medical-social service (patients)	-1.6	45	36	9	16	.....	.....	11	9

a/ Exclusive of areas for which the base was less than 50.
b/ Not computed because the base was less than 50.
c/ Does not include visits to separately organized mental-hygiene clinics.
d/ Limited to separately organized school health programs.
e/ Includes both field and office visits except office visits provided in separately organized school health programs.

services in these areas is one of the most clearly defined of all the changes thus far discernible in the health and social-service programs. The withdrawal of professional men and women from the health field into the armed forces is probably a contributing factor in the decrease of service in the health fields. It is important to note in this connection, however, that the data reported by the 45 urban areas on health programs, other than hospital in-patient care, are limited largely to programs which are supported through tax funds and voluntary contributions. Services of self-supporting or commercially operated programs are not included.

Group-Work Service.

Attendance at group activities of local private agencies engaged in group work was appreciably lower in the first quarter of 1942 than in the same quarter of the preceding year (table 5). Attendance increased in 10 areas and decreased in 24 areas with a resulting decrease of 9 percent for the 34 reporting areas combined. In contrast with this decrease in attendance, the membership of national agencies such as the Boy Scouts, Girl Scouts, and Camp Fire Girls combined was 5 percent higher. This may suggest that the attraction for youth of uniformed groups may be increased in a time of military activity. Public recreational programs and many USO activities are not included in the service reports from registration areas.

Social-Service Exchanges.

The value of the volume of social-service-exchange clearings as an index of social-work activities is controversial. The use of the data either as a comparison among cities or for a comparison within different periods of time depends largely on a full knowledge of the policy of the local agencies as to clearings, and such information is not available. A reported decrease of 25 percent in the number of clearings, when considered with reports from the operating agencies, is a useful indicator of the general decrease in the intake activities of social-service and health agencies from the first quarter of 1941 to the first quarter of 1942.

Appendix table 1.—Average monthly service in selected fields of social

Area a/	Family welfare and relief									Child-welfare service						
	Private agency cases	Transient and traveler cases	Cases receiving public assistance				Shelter care		Legal-aid cases opened	Children under protective and foster care					Children on day-nursery registers	Women under care in maternity homes
			Public general relief	Special types of assistance			Meals	Lodgings		Total	In parents' homes	In relatives' homes	In foster homes	In institutions		
				Aid to dependent children	Old-age assistance	Aid to the blind										
All areas reporting, total	82,876	11,611	246,513	75,450	404,420	15,061	926,110	368,410	10,789	107,197	36,094	5,890	38,755	26,458	8,826	2,030
Public auspices	.....	4,152	246,513	75,450	404,420	15,061	312,062	98,729	1,494	34,167	7,734	2,736	20,330	3,367	135	.....
Private auspices	82,876	7,459	.....	.....	.....	.....	614,048	269,681	9,295	73,030	28,360	3,154	18,425	23,091	8,691	2,030
Chicago	9,859	871	52,897	10,615	52,615	2,188	64,022	29,897	1,199	11,998	1,650	284	5,252	4,812	1,135	157
Los Angeles	10,176	466	12,048	4,753	66,026	3,409	97,885	31,709	320	5,742	1,594	180	2,201	1,767	605	95
Detroit	2,363	3,400	16,697	7,807	16,956	270	79,445	24,157	1,986	8,550	4,543	285	2,741	981	59	164
Pittsburgh	3,797	204	20,491	6,491	13,657	1,378	116,937	35,064	328	6,963	3,045	445	2,003	1,470	106	85
Cleveland	3,125	545	12,027	1,823	10,806	383	55,964	16,439	410	5,705	1,527	298	2,958	982	502	108
St. Louis	3,383	b/	5,088	3,049	15,413	562	63,755	20,360	b/	3,893	613	99	1,816	1,365	438	84
Baltimore	2,908	423	5,406	2,766	7,006	371	8,955	8,436	475	2,479	392	94	1,122	871	255	29
Buffalo	1,557	d/	8,040	1,166	4,947	150	66,584	27,690	363	4,473	1,126	374	1,757	1,216	54	92
Boston	6,378	662	10,744	4,331	16,008	337	28,405	16,217	770	d/	d/	d/	d/	d/	d/	122
Milwaukee	3,574	153	8,728	1,900	9,284	366	21,185	11,666	252	2,311	356	150	616	989	51	75
Washington, D. C.	2,571	935	1,973	1,101	3,587	262	d/	d/	195	2,409	218	222	1,201	768	225	d/
San Francisco	3,629	163	4,476	981	11,987	528	10,159	7,796	273	3,031	715	84	1,397	835	486	91
Cincinnati	3,065	226	6,292	806	10,118	270	48,542	14,780	510	6,070	3,088	633	902	847	311	74
Houston	1,517	144	1,365	230	7,897	165	5,222	1,820	f/	1,075	247	71	438	319	64	22
Minneapolis	922	270	6,348	1,413	12,023	237	d/	d/	171	4,495	3,111	270	963	151	73	90
New Orleans	842	134	2,546	3,630	5,073	349	5,180	3,072	39	1,950	853	170	234	693	349	40
Atlanta	1,048	139	2,376	680	5,735	222	2,089	557	253	906	78	64	468	296	388	26
Kansas City, Mo.	982	292	3,308	979	11,836	373	61,946	17,238	927	2,310	1,105	90	522	593	209	37
Indianapolis	1,108	83	2,276	2,022	7,763	315	17,834	11,454	90	2,490	504	265	1,393	328	194	20
Birmingham	543	138	775	1,285	2,019	89	8,071	3,260	f/	727	79	53	358	237	190	30
Rochester	717	35	5,527	756	5,672	75	8,917	16,644	158	3,793	1,603	119	1,812	259	145	9
Newark	1,370	88	5,924	d/	d/	d/	20,235	9,758	d/	d/	d/	d/	d/	d/	454	23
Dallas	881	72	979	330	9,772	201	5,621	1,665	101	792	163	10	167	452	157	16
Columbus	1,169	37	4,257	427	8,248	304	14,034	6,654	34	1,217	209	39	473	496	247	52
Louisville	943	341	1,529	365	3,841	f/	5,943	6,704	763	2,075	477	138	663	797	74	27
Akron	981	f/	3,157	329	4,076	90	14,826	4,914	f/	997	392	75	321	209	f/	14
Denver	1,052	228	4,245	1,731	11,827	179	d/	d/	246	2,337	1,150	70	496	621	285	62
St. Paul	1,598	114	4,096	750	5,023	128	444	215	58	2,705	1,216	170	1,176	143	174	82
Dayton	784	f/	1,682	374	5,952	132	413	499	d/	1,078	273	82	409	314	55	d/
Richmond	722	760	1,178	564	1,512	91	4,647	2,205	f/	865	159	60	372	274	60	32
Providence	551	117	2,460	504	3,159	46	14,764	5,136	68	2,962	1,808	211	607	336	322	11
Hartford	870	157	790	176	2,475	47	d/	d/	149	1,420	318	66	737	299	80	d/
Omaha	689	43	1,580	1,347	4,309	115	2,917	1,212	f/	893	309	25	219	340	73	38
Grand Rapids	500	f/	2,058	986	6,374	106	b/	b/	122	228	79	7	77	65	f/	32
Oklahoma City	712	32	1,142	1,258	5,786	156	2,228	1,086	f/	452	66	11	98	277	301	40
Canton	126	31	812	252	4,026	89	4,613	3,479	f/	1,140	359	69	518	194	f/	f/
Fort Worth	973	82	849	270	6,696	100	3,883	1,878	f/	427	f/	f/	30	397	135	14
New Haven	905	f/	1,192	186	2,802	58	13,132	4,247	269	1,093	203	23	595	272	256	f/
Wilkes-Barre	1,122	49	3,442	2,239	2,501	389	7,030	3,455	f/	d/	d/	d/	d/	d/	f/	f/
Syracuse	528	19	3,603	353	3,229	53	16,044	6,051	f/	1,366	316	54	498	498	d/	7
Des Moines	458	40	2,436	189	4,425	217	1,171	517	15	1,007	386	145	218	258	f/	35
Springfield, Mass.	559	115	1,234	368	3,005	d/	d/	d/	247	d/	d/	d/	d/	d/	38	f/
Wichita	341	f/	2,249	680	2,139	88	f/	f/	f/	320	31	9	143	137	56	29
Sioux City	172	13	2,493	192	2,324	70	12,760	4,432	f/	369	80	62	47	180	221	38
Duluth	745	38	3,633	989	4,491	101	10,309	5,988	f/	2,023	1,053	312	538	120	f/	27

a/ Listed from largest to smallest area population.
b/ Excludes live births.
c/ Includes Boy Scouts, Girl Scouts, and Camp Fire Girls.
d/ Area did not report this type of service.
e/ Data not available for 1941.
f/ Area reports no organized service in this field.
g/ Area reported tuberculosis hospital had no admissions during first quarter of 1942.
h/ Area reported only agency providing service of this type closed September 1941.
i/ Area reported there was no hospital limiting its service to tubercular patients.
j/ Area reported there was no service of this type provided during first quarter of 1941 and 1942.

and health service as reported by 45 urban areas, first quarter, 1942

Health service												Group work		Social-service-exchange clearings	Area a/
Hospital in-patient						Medical service in--									
General and special			Tuberculosis			Clinic, other than mental (visits)	Patient's home (visits)	School health progrm (examinations)	Mental-hygiene clinic (cases)	Public-health-nursing (field and office) visits	Medical-social service (patients)	Attendance at group activities	Members on national-program registers c/		
Admissions b/	Patient-days		Admissions	Patient-days											
	Total	Free		Total	Free										
169,706	2,411,924	958,206	1,365	358,881	328,181	1,162,280	50,284	91,813	6,051	454,800	39,586	2,705,287	353,909	236,701	All areas
37,566	740,910	668,288	1,195	327,152	308,147	669,690	48,755	91,322	1,607	263,059	15,072	.....	.....	.....	Public auspices
132,140	1,671,014	289,918	170	31,689	20,034	492,590	1,529	491	4,444	191,741	24,514	2,705,287	353,909	236,701	Private auspices
27,879	379,386	152,807	203	51,751	48,330	211,369	d/	d/	d/	d/	d/	d/	d/	15,958	Chicago
d/	d/	d/	d/	d/	d/	110,298	3,834	1,515	199	31,069	8,680	d/	33,259	8,674	Los Angeles
14,628	210,578	84,455	119	29,194	25,990	86,688	10,559	2,178	755	50,742	1,703	148,881	26,180	14,261	Detroit
10,381	174,520	51,392	56	17,679	16,114	41,876	5,322	d/	249	d/	1,600	d/	18,127	10,986	Pittsburgh
8,721	134,677	45,813	31	13,002	12,855	42,741	4,762	7,965	420	29,246	5,557	204,005	15,120	13,884	Cleveland
9,907	156,301	69,025	55	23,925	22,661	63,235	1,236	7,591	338	19,986	2,442	161,042	21,267	10,531	St. Louis
8,141	143,340	64,907	125	39,745	34,822	d/	1,856	d/	d/	d/	1,611	68,471	13,682	7,254	Baltimore
5,560	91,213	29,991	29	12,722	12,027	24,221	d/	9,155	399	16,947	1,110	d/	18,188	4,162	Buffalo
d/	d/	d/	d/	d/	d/	d/	d/	d/	d/	d/	4,928	d/	11,878	d/	Boston
6,426	76,240	22,610	42	17,258	14,859	28,309	1,433	8,787	357	31,823	169	53,265	10,715	6,963	Milwaukee
6,194	100,410	55,827	43	20,058	17,838	54,723	1,043	847	129	19,348	4,236	139,107	10,904	9,933	Washington, D. C.
6,984	97,439	33,007	28	9,106	7,713	46,780	2,722	3,834	d/	13,703	d/	121,317	8,965	7,328	San Francisco
d/	d/	d/	d/	d/	d/	28,657	1,235	6,115	279	14,472	d/	171,361	10,748	7,952	Cincinnati
d/	d/	d/	d/	d/	d/	28,486	557	4,067	167	6,788	281	75,683	7,850	5,068	Houston
d/	d/	d/	d/	d/	d/	14,699	264	1,924	d/	11,768	d/	134,951	10,419	9,425	Minneapolis
7,605	89,107	59,742	165	11,949	11,949	63,850	61	851	124	9,536	d/	39,032	d/	5,007	New Orleans
3,562	38,092	17,508	12	7,201	7,201	36,387	189	4,712	f/	8,808	604	d/	6,419	3,980	Atlanta
4,342	57,902	23,174	22	5,729	5,729	19,321	1,149	199	83	10,181	369	100,623	d/	11,449	Kansas City, Mo.
5,774	59,796	35,125	139	10,400	8,988	16,080	1,807	2,443	139	10,452	d/	99,427	8,132	3,185	Indianapolis
2,831	28,277	12,042	27	3,138	2,453	14,859	f/	1,278	f/	5,594	1,101	39,411	4,113	4,729	Birmingham
3,977	64,676	27,247	26	9,944	9,585	27,730	443	618	398	13,101	d/	79,408	9,173	2,712	Rochester
d/	d/	d/	d/	d/	d/	d/	d/	6,784	d/	11,570	d/	60,255	6,022	4,724	Newark
3,639	41,229	18,389	18	3,621	3,621	26,605	983	1,439	180	13,086	f/	37,604	6,846	3,724	Dallas
3,113	41,593	9,043	20	7,111	6,536	15,805	1,257	856	f/	9,005	f/	113,381	7,206	2,616	Columbus
d/	d/	d/	d/	d/	d/	27,548	882	f/	169	14,616	358	51,061	4,792	4,941	Louisville
2,358	26,648	4,965	17	5,102	4,027	6,123	482	1,656	81	16,345	f/	68,465	7,020	2,266	Akron
d/	d/	d/	d/	d/	d/	12,764	1,828	1,389	276	8,532	625	84,218	6,108	2,910	Denver
3,822	58,618	26,275	e/	2,400	2,310	12,630	2,200	417	184	8,098	1,930	46,958	7,991	10,833	St. Paul
2,229	29,072	8,360	14	3,069	3,069	d/	d/	1,755	69	7,075	f/	d/	d/	2,497	Dayton
1,399	25,497	14,574	18	5,877	5,422	13,315	d/	2,241	218	8,179	289	71,792	4,087	5,260	Richmond
2,584	65,377	36,914	46	17,319	15,155	13,792	d/	2,377	41	11,049	d/	63,103	3,175	3,892	Providence
d/	d/	d/	d/	d/	d/	d/	d/	4,040	120	8,596	343	37,793	6,390	2,372	Hartford
d/	d/	d/	d/	d/	d/	8,781	d/	f/	f/	5,066	f/	50,555	6,110	3,432	Omaha
1,602	22,580	5,757	13	3,344	3,314	3,678	d/	d/	34	d/	248	d/	4,107	1,189	Grand Rapids
1,338	21,230	10,307	9	1,688	1,688	4,023	2,016	1,141	51	2,034	f/	26,484	8,712	958	Oklahoma City
1,545	16,989	795	18	4,321	3,032	976	d/	235	f/	5,123	f/	d/	d/	1,496	Canton
1,919	17,369	6,192	5	1,656	1,656	14,884	232	25	f/	2,950	f/	34,709	2,918	4,172	Fort Worth
2,095	29,146	5,249	1/	1/	1/	9,167	d/	d/	170	d/	250	52,196	4,069	2,296	New Haven
1,097	14,290	7,069	7	1,804	1,804	6,043	d/	d/	20	d/	514	d/	4,398	4,537	Wilkes-Barre
2,220	31,156	7,081	26	7,567	7,184	8,346	1,197	3,736	194	7,498	438	69,818	6,471	2,848	Syracuse
1,609	17,983	3,664	5	1,681	1,485	4,979	207	1,090	45	3,542	f/	69,195	4,385	1,665	Des Moines
1,630	24,179	5,127	1/	1/	1/	2,732	d/	1,393	129	5,603	136	d/	d/	675	Springfield, Mass.
d/	d/	d/	d/	d/	d/	5,154	247	1,125	f/	2,084	f/	30,785	3,535	1,531	Wichita
1,171	11,814	1,055	3	1,529	1,529	1,971	481	1/	f/	1,184	f/	29,405	1,617	502	Sioux City
1,423	15,199	2,922	22	7,992	7,256	2,655	d/	d/	38	d/	63	21,525	2,811	1,925	Duluth

PUBLIC-HEALTH-NURSING VISITS AND EXPENDITURES DURING 1940

Through the project for the registration of social statistics in urban areas the Children's Bureau receives monthly reports on selected medical and nursing activities in various types of health programs.1/ The unit for statistical reporting in each of these fields is stated in terms of a professional service to an individual and frequently, as in a patient-day of hospital care and a visit to a clinic, represents service by both doctors and nurses. The present article deals with the field in which separate reports are submitted on services provided by public-health nurses primarily through home visits. The data selected for reporting are, therefore, limited to the number of visits made 2/ and to expenditures in connection with programs for providing these nursing visits. Expenditures include the cost of administering the programs.

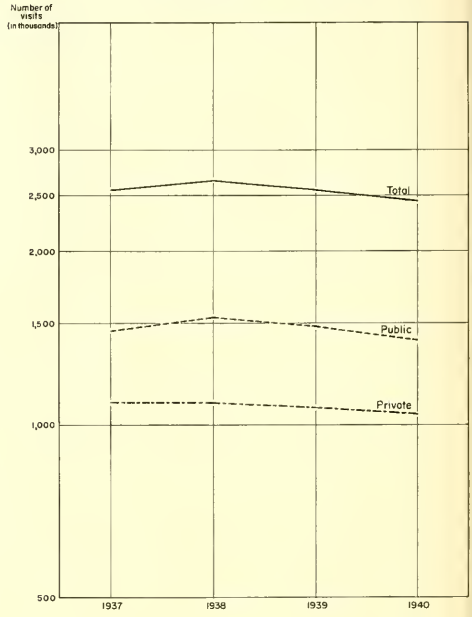
For the most part reports in this field were submitted by public-health departments and by private nursing associations that carry on generalized public-health-nursing programs.

In the social-statistics project the classification of an agency as public or private is determined locally on the basis of the type of its administration rather than on the source of its funds.

Changes in Number of Public-Health-Nursing Visits, 1937-40

The relative changes in the number of nursing visits made in 17 urban areas during the 4-year period 1937-40 are shown in figure 1. The data were taken from reports covering the services of identical agencies during this period and are believed to represent well over 95 percent of all the services of this type provided by public and by private agencies in the 17 areas combined and more than 90 percent of the total services in each of the 17 areas.

FIG. 1.-PUBLIC-HEALTH-NURSING VISITS
17 URBAN AREAS, 1937-40



Although for the 17 areas combined the peak was reached in 1938, no consistency was found in the year during which the various areas reported the greatest number of visits. In 1940, however, a decrease was found to have occurred generally among the areas in the services given by both public and private agencies. For the 17 areas combined the number of visits during 1940 was lower than in any of the 3 preceding years and 4 percent lower than in 1939.

Public-Health-Nursing Visits in 33 Urban Areas, 1940

Since January 1940 substantially complete data on the number of nursing visits made in each of 33

1/ The most recent articles based on the reports in certain of these health fields may be found in Social Statistics as follows: December 1941, "Clinic Service in Urban Areas, 1940"; September 1940, "Patients Served by Medical-Social-Service Departments" and "Hospital In-Patient Service, January-June 1940 and Trends in Patient-Days, 1936-39"; September 1939, "Cost and Volume of Public-Health Nursing in Urban Areas, 1938."

2/ A nursing visit as defined for reporting in the social-statistics project is a contact made in a professional capacity by a nurse with or in behalf of a patient. It is intended that visits for nursing services provided in school buildings, at clinics, at health conferences, by nurses accompanying doctors, or in connection with special activities should not be included. Except where otherwise stated the visits tabulated in this article do not include those made to persons who were not at home or not found or those to persons not taken under care.

urban areas have been received through monthly reports covering the services of identical agencies. These 33 urban areas together had a population of nearly 19 million in 1940. This was 14 percent of the total population of the United States and 39 percent of the total population in cities of 100,000 or more population. Of the 204 agencies that are known to provide nursing visits in these 33 areas, 180 participated in the monthly reporting during 1940.

For purposes of determining the emphasis placed on this part of the activities of public-health nurses in the individual areas, the number of visits per 1,000 population provides a general measure. In order to make use of this ratio, however, it has been necessary to include estimates in the figures for certain areas to account for the agencies that do not submit current reports.3/

Number of public-health-nursing visits per 1,000 population.--The number of nursing visits in 33 urban areas during 1940 averaged 289 per 1,000 population and ranged from 133 in Houston to 552 in Milwaukee (figure 2). The rates for the 33 individual areas were distributed almost equally about the average, with 17 areas having rates above 289 and 16 areas below.

Grouping the areas into geographical regions it was found that seven of the eight areas located in the northeastern part of the United States reported more than the average number of nursing visits per 1,000 population.

Analysis of public-health-nursing visits by type.--During 1940 more than 5,400,000 nursing visits were reported by agencies in the 33 urban areas. The distribution of these visits by type and between agencies classified as being under public and under private auspices is summarized in table 1.

The number of visits made for the purpose of health supervision 4/was considerably greater than for any other type of service.There were 2,400,000 visits (44 percent of the total) in this classification. Three-fourths of these services were provided under public auspices,including some 500,000 field visits made in connection with organized school-health programs. In relation to the total program of public agencies, more than half of the visits made under public auspices were reported as health-supervision services.

The percentage of all visits made for communicable and for noncommunicable-disease service was practically the same (21 percent of the total). Public agencies were primarily responsible for visits for communicable-disease control. On the other hand, the visits for noncommunicable-disease service were reported for the most part by private agencies, this type of service appearing as the most emphasized function (41 percent) of the program of private agencies.

FIG.2.-PUBLIC-HEALTH-NURSING VISITS PER 1,000 POPULATION 33 URBAN AREAS, 1940.

Visits for maternity service 5/ amounted to 14 percent of the total. Two-thirds of the service of this type was provided by private agencies.

3/ The estimates included are based on information forwarded to the Children's Bureau from these areas and amount to less than 2 percent of the total visits for the 33 areas combined. In only two areas, Dayton and Los Angeles,did the estimated volume of visits of nonreporting agencies amount to more than 5 percent of the total visits in the area.

4/By definition, visits reported under the term "health supervision" include those for the continuing supervision of supposedly well individuals (infants,preschool and school children,other children,and adults) exclusive of communicable-disease contacts and suspects, and of pregnant women.

5/ By definition "visits for maternity service" include those made to women during the antepartum period, the postpartum period (ending at the postpartum examination or 6 weeks after delivery), and nursing service at delivery.

Table 1.--Public-health-nursing visits by type of visit and by auspices of reporting agency, 33 urban areas, 1940

Type of visit	Visits						Percent		
	Total		Auspices				Total	Auspices	
			Public		Private			Public	Private
	Number	Percent	Number	Percent	Number	Percent			
Total.....	5,414,312	100	3,162,759	100	2,251,553	100	100	58	42
Health supervision..	2,401,409	44	1,821,585	58	579,824	26	100	76	24
Communicable-disease service....	1,146,448	21	903,598	28	242,850	11	100	79	21
Noncommunicable-disease service 1/	1,117,340	21	184,219	6	933,121	41	100	16	84
Maternity service...	749,115	14	253,357	8	495,758	22	100	34	66

1/ Includes service to crippled children.

The proportion of the several types of visits was found to vary considerably among the 33 areas. In the majority of the areas, however, the largest number of visits was made for health supervision and the smallest number, for maternity service.

Changes in Public-Health-Nursing Visits of Different Types, January 1940 to October 1941

The numbers of nursing visits reported by 33 urban areas for the period January 1940 to October 1941 are charted by month and by type of visit in figure 3. Visits other than those related to communicable-disease control showed some decrease in a number of months of 1941 as compared with the same months of 1940. The total number of visits of each of these types made during the first 10 months of 1941, however, showed only a slight decrease compared with 1940, the largest decrease being in health-supervision visits (4 percent). Visits for communicable-disease control showed an increase of 16 percent in this 10-month period of 1941; this was partly responsible for an increase of 1 percent in the total number of visits of all types.

In all types except maternity service the number of visits was usually highest during the winter and early spring and lowest during August and September. Visits for maternity service showed relatively little change in number from month to month.

Expenditures for Public-Health-Nursing Programs in 29 Urban Areas, 1940

Annual reports on expenditures for nursing visits made during 1940 are available for 29 of the 33 urban areas included in preceding sections of this article. Certain data from these reports with related items of service statistics follow.

The financial reports were forwarded to the Children's Bureau in connection with a special study on expenditures for health and welfare services in certain urban areas that participate in the social-statistics project.6/ In this study it was intended that reports classified in the field of public-health nursing should include only expenditures made in connection with programs for providing nursing care in the home, exclusive of services provided as part of organized school-health programs.7/

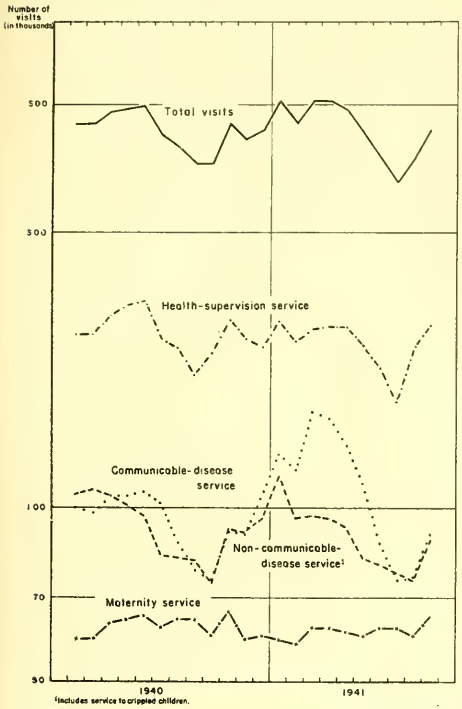
It is a common practice among agencies operating in this field to divide the time of their public-health nurses between home and office nursing, school nursing, service in clinics and medical conferences, and so forth. Therefore, for many agencies it was necessary to make liberal use of estimates in order to allocate expenditure data to the nursing visits. This limitation should be borne in mind, especially in relation to service statistics.

Per capita expenditures by area.--For the 29 areas combined, the average per capita expenditure

6/ The Community Welfare Picture in 34 Urban Areas, 1940. Children's Bureau, Washington, June 1941.

7/ Separate reports were submitted on expenditures for nursing services provided through organized school-health programs. These have been omitted from the data included in this section of the present article because the expenditures reported cover all types of service provided by school nurses and cannot, therefore, be related to statistics on services provided through programs for nursing service in the home.

FIG. 3 - NUMBER OF PUBLIC-HEALTH-NURSING VISITS
33 URBAN AREAS, JANUARY 1940-OCTOBER 1941



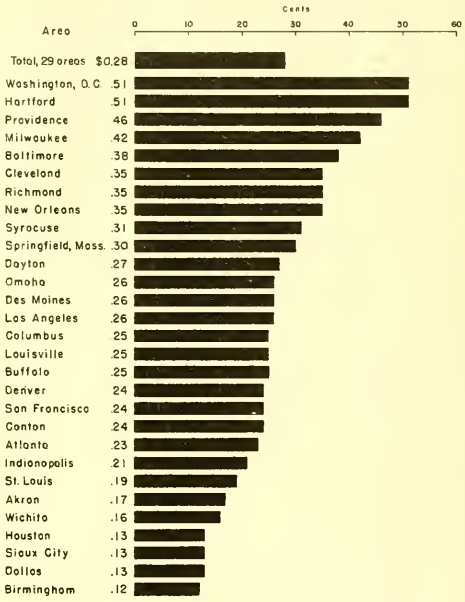
for nursing visits amounted to 28 cents. The per capita expenditures reported by the individual areas, as shown in figure 4, range from 12 cents in Birmingham to 51 cents in Washington and Hartford. A comparison of the expenditure figures for the various areas with data on nursing visits showed that the majority of areas having high per capita expenditures also had a high ratio of visits to population.

Expenditures by source of funds.--Public sources accounted for 53 percent of the funds provided for nursing visits in the 29 urban areas (table 2); private funds amounted to 31 percent and receipts from persons receiving service, to 16 percent.

The distribution of expenditures by source of funds varied considerably among the areas. In Los Angeles 83 percent of the total expenditures were made available through public sources. At the other extreme, Omaha reported private funds amounting to 80 percent of the total. In 17 of the 29 areas, however, the largest source of funds was public.

Free service.--Relative measures of the nursing visits that were provided at no cost to the persons served have been obtained through the reports of both visits and expenditures. These are shown in table 2 for each area, that is, free visits expressed in terms of the percent of total visits and expenditures of public and private funds combined as the percent of total expenditures.

FIG. 4 - PER CAPITA EXPENDITURES FOR HOME VISITS
BY PUBLIC-HEALTH NURSES
29 URBAN AREAS, 1940



In the 29 areas combined both the financial reports and the report of visits show that more than 80 percent of the total services were free. In general, nursing visits provided by public-health departments are free to all persons in the community. In all but 3 areas (Buffalo, Des Moines, and Springfield) services reported in terms of free visits amounted to 75 percent or more of the total. All the nursing visits in Houston and 99 percent of those in Dallas were reported as free.

It would be expected that the proportion of free service shown by the financial data would be somewhat larger than that shown by the reports on visits. The reports of free visits are not intended to include any visits completely or partly paid for by recipients of the service, nor services that were paid for by other social agencies.

Table 2.--Visits and expenditures a/ made by public-health-nursing agencies in 29 urban areas, 1940

Urban area	Visits b/		Expenditures				
	Total	Reported free visits as percent of total	Total	Percent of total			
				Receipts from persons receiving service	Net expenditures		
					Total	Public funds	Private funds
Total	4,163,034	83	$4,325,680	16	84	53	31
Akron	89,611	85	56,606	22	78	61	17
Atlanta	107,168	81	109,086	24	76	69	7
Baltimore	329,842	87	328,149	12	88	62	26
Birmingham	71,659	87	52,935	17	83	76	7
Buffalo	181,567	72	195,750	18	82	45	37
Canton	49,140	82	55,624	11	89	31	58
Cleveland	398,648	85	431,393	14	86	52	34
Columbus	105,175	82	98,754	22	78	21	57
Dallas	128,099	99	51,385	1	99	50	49
Dayton	c/88,456	82	80,937	12	88	58	30
Denver	103,280	89	77,262	19	81	9	72
Des Moines	45,363	74	51,235	22	78	22	56
Hartford	115,188	83	125,874	13	87	24	63
Houston	72,103	99	69,124	1	99	33	66
Indianapolis	104,142	78	98,976	20	80	36	44
Los Angeles	343,122	75	727,366	12	88	83	5
Louisville	174,181	93	94,724	13	87	49	38
Milwaukee	433,477	86	319,141	18	82	62	20
New Orleans	136,794	85	174,086	18	82	51	31
Omaha	64,762	85	65,142	13	87	7	80
Providence	129,700	77	115,885	22	78	26	52
Richmond	90,605	82	93,868	16	84	54	30
St. Louis	200,866	76	204,842	24	76	38	38
San Francisco	169,522	80	151,581	20	80	64	16
Sioux City	18,860	82	13,362	22	78	32	46
Springfield, Mass	48,992	71	52,903	26	74	28	46
Syracuse	86,714	80	68,876	20	80	43	37
Washington, D. C.	253,148	83	337,346	14	86	46	40
Wichita	22,850	87	23,468	14	86	72	14

a/ Excludes field and office visits and expenditures made in connection with organized school-health programs.

b/ Includes visits made to persons who were not home or not found and to those not taken under care.

c/ Includes estimate amounting to more than 5 percent of total visits for the area.

However, the financial data express free service in terms of the cost of service not paid for by recipients. On the whole, the two measures are in close agreement. That no difference between them is shown in the data for some areas may be due to the fact that many of the financial reports required the use of estimates. For 27 of the 29 areas the financial data showed that public and private funds accounted for between 74 percent of the total expenditures (Springfield) and 89 percent (Canton). Both Dallas and Houston reported that 99 percent of their total expenditures for nursing visits were derived from sources other than payments by recipients of the service.

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